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Medical Guide
for
Anglo-Indians

MEDICAL GUIDE

FOR

ANGLO-INDIANS.

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FOR

ANGLO-INDIANS.

THE EUROPEAN IN INDIA.

A Hand-book of Practical Information for those proceeding to, or residing in, the East Indies, relating to Outfits, Routes, Time for Departure, Indian Climate, etc. By EDMUND C. P. HULL. With a MEDICAL GUIDE FOR ANGLO-INDIANS. Being a Compendium of Advice to Europeans in India, relating to the Preservation and Regulation of Health. By R. S. MAIR, M.D., F.R.C.S.E., late Deputy Coroner of Madras. A New Edition, Revised and Corrected. In 1 vol. Post 8vo. 6*s*.

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HENRY S. KING & CO.,
65, CORNHILL; AND 12, PATERNOSTER ROW, LONDON.

MEDICAL GUIDE

FOR ANGLO-INDIANS.

BEING A COMPENDIUM OF ADVICE TO EUROPEANS IN INDIA, RELATING TO THE PRESERVATION AND REGULATION OF THEIR HEALTH. GIVING ALSO PLAIN AND COMPLETE INSTRUCTIONS FOR THE TREATMENT OF THE MORE PREVALENT, SUDDEN, AND DANGEROUS INDIAN DISEASES, FOR THE USE OF THOSE BEYOND THE REACH OF MEDICAL ADVICE, AND OF OTHERS IN CASE OF EMERGENCY UNTIL MEDICAL ADVICE CAN ARRIVE.

TO WHICH IS ADDED A SUPPLEMENT ON THE MANAGEMENT OF CHILDREN IN INDIA DURING INFANCY AND CHILDHOOD.

BY

R. S. MAIR, M.D.,

Fellow of Royal College of Surgeons, Edinburgh; late Deputy Coroner of Madras; Surgeon Infantry Volunteer Guards, Madras; Member of Royal Asiatic Society, etc.

HENRY S. KING & CO.,

65, CORNHILL; AND 12, PATERNOSTER ROW, LONDON.

1874.

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TO

HIS GRACE THE DUKE OF ARGYLL, K.T. P.C.,

ETC., ETC.,

(LATE) HER MAJESTY'S SECRETARY OF STATE FOR INDIA;

THIS VOLUME IS,

By Permission,

MOST RESPECTFULLY DEDICATED.

PREFACE.

THIS "Medical Guide for Anglo-Indians" has hitherto appeared in connection with "The European in India," but the author, acceding to a wish expressed by many Anglo-Indian friends, has decided upon issuing the work in a separate form.

Advantage has been taken of the opportunity thus afforded, to add some supplementary remarks on the Management of Children in India, a subject in itself of great importance, but upon which, the space available under the previous arrangement, prevented the author's entering into such details as to render the work practically useful to parents.

Guided by his own experience, as well as by that of others, the author has endeavoured to point out as clearly and as concisely as possible, those rules which must be attended to, in order to preserve the health (physical as well as moral) of young children, from the period of birth, up till the time when a change to another climate, has become desirable. Some special remarks on the causes, symptoms, and appropriate treatment of the more common ailments of infantile life are added, with a view to rendering the work still more complete as a medical guide for families in India.

R. S. MAIR, M.D., etc.

Bayswater, London, 1874.

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INTRODUCTORY REMARKS.

THE first questions put by a European with an early prospect of Indian life before him, almost invariably refer to the climate, and to the mode of living he should adopt while under its influence.

The following pages have been written with the object of answering these questions, by pointing out what influence the climate does produce on the human constitution, and those principles of individual hygiene, embracing such subjects as food, drinks, exercise, etc., that must be attended to, in order to ensure a fair measure of health.

It cannot be too strongly impressed upon the minds of those who desire to maintain their health, that the influence of the climate may be materially modified or lessened, and that many of the diseases to which Europeans are liable, may be guarded against or prevented, by the exercise of no more than ordinary care; and if the principles and rules here laid down are fairly carried out, as they easily may, the amount of health, which the European will enjoy in the tropics, will amply reward him for any little trouble which attention to them will involve.

In addition to the chapters on climate and individual hygiene, others have been added on the causes, symptoms, and treatment of those diseases and accidents that are most commonly met with.

The author must guard the reader against the idea that, in treating such subjects, he wishes every one to constitute himself his own doctor under all circumstances. On the contrary, he would earnestly impress upon all, seldom or never to rely upon their own judgment, when professional aid is within reach.

There is a large class of Europeans in India, who live at such great distances from a doctor, that they are compelled to fall back upon their own resources, to treat, not only the members of their own household, but also those employed by them; and the author, while engaged for many years in an extensive practice, was frequently called upon to give such written directions, on the diseases herein discussed, to such of his patients, as left the presidency town, for remote or isolated districts in the Mofussil.

It is entirely for the benefit of this class, that the chapters on disease and accidents have been written, and it is hoped that they will prove of some value.

CLIMATE.

The influence of the climate of India upon European constitutions, has always been a fertile subject of controversy. Opinions, conflicting and diverse, have from time to time been expressed with all the weight and authority which individual experience was supposed to give. Some men, for example, have unhesitatingly asserted, that the climate of India is one of the finest in the world, and that Europeans can live there with as good a prospect of health and longevity, as in their native land; while others with equal emphasis, condemn the climate altogether, and regard it as pernicious and even fatal to the Anglo-Saxon. Those who formed the first of these opinions, were probably men endowed with excellent constitutions, who were temperate in everything, and who were most careful to guard themselves against undue exposure. The second on the contrary, probably numbered amongst them, men, far from cautious or prudent in their habits, injudicious in every respect, or triflers with their constitutions; but who, when they broke down laid the whole blame on the climate, and on that alone. But the question is much

too important to be decided in this narrow way, and a much wider view must therefore be taken than that afforded by individual experience.

For obvious reasons, no class of men are better qualified to take this comprehensive view, than members of the medical profession, and it is by the results of their experience that most people will after all be guided.

Not many years ago, the climate of India was looked upon as something to be dreaded. The young man proceeding to the East, was expected as a matter of course to return home, if he ever did return, a sallow, yellow coloured, emaciated invalid, with his liver sadly damaged, his mental energies and nervous system much enfeebled, and his constitution generally so shattered, as to render him unfit for any social intercourse or enjoyment. Nor was this altogether untrue, but in the majority of instances, the climate was not entirely, sometimes even not at all, to blame.

In those days, and to no small extent even now, the habits and mode of life of the European were not conducive in any country, far less in India, to good health. He had no idea of the well known ordinary laws of health; and if he had, he despised or disregarded them; he indulged in vicious courses of all kinds; and when his health gave way or death overtook him, the climate was the ever-ready and never-failing cause to which all was attributed. It was the bugbear always convenient to cover a multitude of personal sins.

Medical men of any experience in India know full well, that even at the present day, in a very large, if not the greater number of cases, men whose constitutions have been so impaired, as to necessitate a return to their native country, should assign the cause to their own imprudence, and want of self-restraint, rather than to any direct influence of the climate. In fact, as Sir Charles Napier once pithily remarked, every evil from

which the British have suffered has been laid to its door. The army medical reports afford abundant evidence of this; whilst "sanitary science has now reduced the question of climate to its proper dimensions, and shown that just as hot moist weather in England calls people to account for sanitary neglect, so does the climate of India call to account people who are equally rash there." But it is not contended, that the climate of India has no prejudicial influence whatever on the European constitution. It does produce an unmistakable impression on all, and the nature and degree of this impression, depend in great measure on the sex, constitution, temperament, and habits of the individual, as well as on the age when he arrives in India.

Perhaps no race has such wonderful power of adapting itself, *for a time*, to almost any climate as the Anglo-Saxon. We occasionally see or hear of men who have lived on the plains of India for upwards of forty or fifty years, a residence unbroken by any change of climate whatever, and yet without any apparent effect being produced on their mental or physical health. But these are rare and exceptional cases, and only serve to illustrate the wonderful power which some constitutions (few in number they certainly are) possess, of resisting those agencies which influence health. As a rule, the climate does tell, sooner or later, on the European, if the residence is prolonged; and more especially, if uninterrupted by a run home, or a residence on some of the hill stations.

The newly arrived European has almost every function unduly stimulated, the circulation is increased, and there is not unfrequently a tendency, especially in those of plethoric habits, to acute inflammation or congestion of some of the abdominal organs. During the first year's residence the digestive powers are lessened, the appetite, particularly for animal food, is diminished, the skin acts freely, and a *teasing, itching, and* irritating eruption, called "prickly

heat," soon convinces him that he is not now living in his own temperate climate. After a time, varying it may be from two or three, to twenty-five or thirty years, according to constitution, temperament, and habits, he begins to complain of lassitude and fatigue after the least exertion; the respiration is less deep and free, the circulation is enfeebled, he is more sensitive to heat than before, becomes sallow or pale, loses much of his mental vigour, passes restless nights, feels altogether unequal to the ordinary routine of duty, never ceases to abuse what he now calls the "abominable climate," and longs for the power, as he has the will, to quit the country at once.

If he cannot leave the country, the process of mental and physical deterioration, for such it unquestionably is, proceeds, and becomes still more marked in the generation which succeeds him. His children are, as a rule, comparatively feeble in mind, as well as body; they are pale, flabby, and have an unhealthy appearance, whilst the prospects of another generation are very remote indeed, if the residence on the plains has continued uninterrupted by a change to a temperate climate. It is rare to find a third generation of pure Europeans in India, that is, of those of pure, unmixed blood, who have, since the first generation landed in India, never quitted the plains for a temperate climate. It is for this reason, and for this reason only, that it is idle to talk or think of colonizing the plains of India with Europeans.

The concurrent testimony of many distinguished medical men, attests most clearly, then, that the climate does deteriorate the human system; and further, that length of residence, so far from affording any guarantee or protection from the diseases peculiar to the climate, renders the European all the more liable to be attacked; and the diseases, when they are so attacked, more fatal. The health, mental as well as physical, becomes slowly, perhaps almost imperceptibly, *affected*; and this process of deterioration or

degeneration goes on, and will go on, if not arrested by a change to another climate.

Much has been said and written about acclimatizing the European in India; but the idea, for the reasons just given, is scarcely ever seriously entertained now-a-days by those who have carefully studied the influence of the climate generally. The number of those who do return to Europe with their constitutions unimpaired, after a long residence in India, is but small; and in very few instances do those who can afford it, think of rearing up their children entirely there. If they do, "parents soon mourn over the graves of their lost offspring, or sigh on beholding the sickly appearance of those who remain."

Females suffer perhaps even more than males. Their lives, especially those in affluent or easy circumstances, are generally torpid, and too little relieved by occupation. They have few necessities for exerting themselves; they take but little, often far too little, interest in domestic affairs; they become listless and apathetic, and they succumb to the climate sooner than men.

A lady's health is almost invariably so affected by the climate of India, after six or eight years' unbroken residence, that she is compelled to seek that change in her native land which can alone restore her. Great sacrifices and self-denial, financial as well as social, are often made and endured, by husbands, sending their wives and children "home," that they may be removed from the morbid influence of India, that their constitutions may become invigorated by a residence in England, and that the children may have that mental vigour imparted to them, which it is believed they can only obtain there.

The prejudicial effects referred to are due to the long-continued action of heat on the body. A high temperature causing the atmosphere to be rarified, diminishes the amount of oxygen in a given bulk of air inspired, so *that less oxygen is* consumed in respiration as the tem-

perature increases, while the amount of carbonic acid exhaled from the lungs is less also.

The blood, which passes through the lungs, for the purpose mainly of obtaining this oxygen from the atmosphere, in order to remove the carbon, in the form of carbonic acid, and thus to arterialize or vitalize it, receives a less amount than is necessary to render it fit for maintaining all the organs and functions of the body in a state of efficiency or good working order.

Respiration is imperfectly carried on,—the number and depth of the inspirations are diminished,—the heart's action becomes enfeebled, a considerable proportion of the carbon, which should be eliminated as carbonic acid from the lungs, is retained, and, circulating with the blood, is vicariously distributed in various organs of the body.

The lungs, heart, brain, and especially the liver, become embarrassed, their functions are more or less impaired, indeed, almost every organ of the body is to some extent affected by what may be called a semi-poisoned condition of the blood, due to the presence in it of superfluous unconsumed carbon.

This it is which causes that lassitude, debility, and disinclination for exercise, which are so commonly complained of during the continuance of the hottest weather, while it not unfrequently proves the proximate cause of serious organic disease.

The free but not immoderate action of the skin, by perspiration, relieves the blood of much of this superfluous carbon; exercise, moderate and systematic, produces a similar effect, and a carefully regulated diet, as will hereafter be shown, though exercising no direct influence in ridding the system of this excess of carbon, is of no small importance in preventing its increase, whilst indulgence in alcoholic beverages, beyond moderate allowances, tends directly to augment it.

But perhaps nothing produces such a beneficial effect, as

regular and periodic change to another climate with a lower temperature.

The European resident in India must, therefore, always bear in mind the fact, that the climate on the plains is exerting its influence on him, however little he may feel it. He may, as many do, confide too much in what he believes to be the inherent strength of his constitution, and remain there too long without any change. He may find out when too late that his vigour and energy suddenly leave him; and the change to a temperate climate, which would have reinvigorated him at the proper time, fails to produce the desired effect.

It is these *changes* which enable Europeans to prolong their residence in the East; and if taken periodically and systematically, the measure of health which the individual will enjoy, will far more than counterbalance any inconvenience and expense which these changes cause. They should, therefore, be taken advantage of regularly by those who can afford them, even although there is no apparent necessity for them, but for the purpose of obviating by anticipation the mischief to the constitution, which prolonged, unbroken residence on the plains is likely to produce. A residence for one month at least in every year, on some of the hill stations, and a thorough change to a European climate for twelve months after each ten years' residence in India, would do much to remove or remedy the deteriorating effects referred to.

For those especially who complain of lassitude, debility, and loss of appetite, who feel jaded and wearied, if not exhausted, after the least exertion, and who have not the usual physical or mental aptitude for the ordinary daily routine of duty, the climate of the hill sanitaria is particularly well adapted.

The appetite and digestion are much improved; respiration and circulation, previously oppressed, languid, and embarrassed, are stimulated and relieved; the vital energies

generally are invigorated and braced up; and a sensation of buoyancy and vigour is experienced, which was not felt before.

In all cases some care is necessary in removing from the plains to the hills, to avoid the dangers or risks incidental to sudden transitions of temperature.

The effect of the rapid, sometimes abrupt, changes (as in the Madras presidency) from a temperature as high as 90° or 95° to one as low as 50° or 55°, must be carefully guarded against, by the necessary change of clothing. Inattention to this precaution (and it is one too often neglected) has been frequently followed by some illness, as fever, diarrhœa, dysentery, catarrh, rheumatism, etc., which has marred all the enjoyment or benefit that the change would otherwise have produced, while it not unfrequently results in still more disastrous consequences.

For those suffering from organic disease of the liver, kidneys, lungs, heart, brain, etc., the climate of the hills is as a rule not suited at all, certainly not for those in whom organic disease has considerably advanced. In all such cases, the judicious medical adviser ought to be consulted before such a change is taken.

The time of life when the European arrives in India exercises a greater power than many suppose in enabling him to *stand* the climate. Very young men, youths under twenty years of age, are less able to encounter the climate of the plains than those above twenty and under thirty years of age. They are generally less able to resist the influence of the continued high temperature; become during their first hot season predisposed to attacks of fever, dysentery, diarrhœa, cholera, or heat apoplexy; are more likely to fall victims to epidemic disease, and are not unfrequently so enervated and debilitated as to be obliged to leave the country before they have completed two or three years' residence. Newly arrived regiments generally suffer out of all proportion to those that have been some

years in India, which is believed to be due to the circumstance, that these regiments almost invariably contain a larger number of young men under twenty years of age.

As a general rule the best age at which to arrive in India is not under twenty for males, and not under eighteen for females. After forty years of age, the European who proceeds to India for the first time, is certainly less fitted to bear up against the climate, than if he had been younger. He soon begins to complain of lassitude, deficient mental and physical energy, and debility generally. His habits, customs and inclinations have been fostered and matured under such different circumstances, that he now finds considerable difficulty in changing or accommodating them to his new position. He therefore easily becomes impatient, discontented, dyspeptic, perhaps has some organic disease lighted up, and seldom remains for more than a few years in the country.

Fortunate indeed are those, who are able to retire from India, in the prime of life, with constitutions sound, or but little impaired, by the climate. Many Europeans are too often tempted by the prospects of higher pensions or a larger fortune, to prolong their residence beyond the age when they will be capable of accommodating themselves easily to English habits and customs, and when they will enjoy their retirement; while not a few are induced to remain *the one year more*, which too often proves "the last straw that breaks the camel's back." Better far for the European to be satisfied, and retire with a moderate competency, at an age when the vigour and energy, if impaired by the climate, may soon be restored, and when he may resume his profession or embark in some congenial pursuit, with all the advantages of matured experience.

The state of health, and of the constitution generally, before going to India, is of no little importance as affecting the future capacity of withstanding the climate.

It is always advisable that every European before proceeding to the East should undergo a careful medical examination, in order to ascertain whether there is present any organic disease, latent or developed, or whether he possesses any idiosyncracy or peculiarity of constitution or temperament, which would render him unsuited for the tropics.

The plains of India are far from being a salubrious spot for the European to resort to, whose health is impaired, or constitution damaged by organic disease originated in his native land. And yet many have gone there, those especially with affections of the lungs, in the hope that the climate, simply because *it is hot*, will arrest the progress of the disease. A vain and shadowy hope it too often proves, for the disease (consumption), if beyond the first stage, most commonly runs a rapid and fatal course.

Many Europeans, however, of a scrofulous constitution, or with only a *tendency* to consumption, or even with the disease in its first or curable stage, and having what is popularly called a "weak chest," enjoy good, perhaps better, health in India than in England, and have been known to outlive their brothers and sisters at home.

The European who arrives in India in a sound state of health, free from organic disease, and possessing a constitution, vigorous and unimpaired by injudicious or bad habits previously acquired, has a much better prospect before him of resisting the influence of the climate, than if he were otherwise. He may remain in the country for a considerable number of years (as the author did) without any material injury to his constitution, and if he takes the periodic change to a hill sanitarium referred to, he may find that the climate of India is, after all, not quite so detrimental to his health, as he was, perhaps, led to imagine it would be, while he may be fortunate enough to retire to his native land with health but little damaged, and enjoy his *otium cum dignitate* with real zest and pleasure.

To enable him to do this, however, he must have some definite answers to the questions often asked, How am I to live in India? and what am I to eat, drink, and avoid? In other words, what measures should I adopt in order to preserve my health under the altered circumstances of climate? These questions are embraced in the comprehensive term of individual or personal hygiene, and include food, clothing, exercise, etc.

INDIVIDUAL HYGIENE.

To ensure health in India, much the same care is necessary as is ordinarily required at home, with some differences suited to the climate. The old and familiar adage, that prevention is better than cure, is the foundation on which all hygiene, or laws regarding health, are based; and he who takes care to attend to these laws is more likely to preserve his health, than he who "cares for none of these things." It is neither necessary, nor is it desirable, that every unprofessional person should, for the sake of his own individual health, make a perfect study of these laws, for the simple reason, that if he did so, he would, perhaps, frustrate the very object he has in view, and probably end by becoming morbid, gloomy, fanciful, and hypochondriacal. It is enough for all practical purposes, that he should have some general principles and precepts to guide him in the management of his own health, that he may be able to "exercise that reasonable care, thought and prudence, which in a matter of such importance, every one is bound to take."

Many Europeans arrive in India, with the mistaken impression, that precisely the same habits and modes of living, to which they have been accustomed, can be continued with impunity. In every country in the world, the mode of living,—in other words, food, drink, clothing, exercise, etc.,—is and must necessarily be adapted to the nature of the climate, if health is to be maintained. All that the climate

of India requires of the European then, is, that his habits and customs should be suitably modified, for the simple and obvious reason, that since he cannot get the climate to accommodate itself to him, he must endeavour to accommodate himself to the climate.

FOOD.

There is, perhaps, no subject of more importance to the Anglo-Indian than diet. The quantity, quality, and kind of food consumed, influence in no small degree our happiness, health, and longevity; and the normal performance of digestion is the most important of all the agencies which affect nutrition. The stomach is the great and wonderful laboratory, from which are sent forth those elements that are necessary to maintain all the organs of the body in a state of efficiency. It is, therefore, of no small importance, that every care and attention should be paid to supplying it with proper material for that purpose. The diseases connected with the organs of digestion are more numerous in India than any other, and it is no exaggeration to say that probably thirty per cent. of those who suffer these, owe their diseases in some way or other to food.

The European arrives in India generally full of life, vigour, and energy. His appetite is excellent, his digestion very good, and he probably consumes as much, if not more, food than he did in his own country. But the style of living in India is very different, some would say more luxurious than, what he has been accustomed to. Instead of the three ordinary meals to which he has been used from childhood, he finds that custom in India has not only sanctioned four or five, but also made them very different. First of all, there is the little breakfast, or "chota-hazari," at six in the morning, which consists of tea or coffee and bread (with or without eggs) and fruit. Second, breakfast at nine or ten o'clock, composed of curry and rice, chops, cold meat, fish and eggs, with bread, tea or coffee, or

claret. Third, tiffin at one or two p.m., consisting of a joint or fowl, curry and rice, pudding, and fruits. Fourth, dinner at seven or eight p.m., consisting of much the same as tiffin, with dessert, followed by coffee.

The new comer indulges his robust appetite heartily at all these meals, but as he cannot possibly have the same amount of active exercise as he had at home, his digestive powers become clogged and impaired, the "balance of power" is sooner or later destroyed, and he then finds out that he must (if he wishes to preserve his health) be more careful in reference to the amount of food, especially animal food, he consumes.

It is impossible to lay down precise rules sufficiently elastic, to guide every individual, as to the quantity and kind of food he should take. The nutrition of the body is so affected by individual peculiarities, as to cause a considerable variety in the kinds of food required by different persons, almost every one being pretty well aware of the exact diet which suits him best, and thus bearing out the truth of the familiar saying, that what is one man's meat is another man's poison. Perhaps no safer general rule can be given than that which experience as well as science has proved to be the best, and that is, "while conforming to the general principles of diet, not to encourage too great an attention either to quantity or to quality, but avoiding what experience has shown to be manifestly bad, either generally or for the particular individual, to allow a reasonable variety and change in amount from day to day according to appetite."

It should always be borne in mind that in India, as elsewhere, the amount and kind of food should be proportioned and suited to the nature of the climate, the demands of the system, to the expenditure or waste of tissue, in other words, "to the mechanical work done by the body, and to the equivalent of mechanical force, namely, animal heat."

In England and other temperate climates, people eat

more during the cold winter than during the hot summer weather, while it is well known that the Esquimaux and Laplanders, in their frigid climate, consume enormous quantities of food. The natives of India, again, live almost entirely on rice, wheat, and farinaceous substances generally. Nature indeed dictates what food is really required in each climate, and science tells us that in cold regions or during cold weather, more animal and fatty, or heat-producing, food is necessary than in the tropics or during hot weather.

Europeans in India, as a rule, consume more animal food than is necessary for the nutrition of the body, perhaps absolutely more than they were accustomed to take before their arrival in the tropics; whereas less is actually required because the metamorphosis or waste of tissue is not so rapid in high as in temperate climates. The human body loses less in a high temperature than in a cold one, and the need of food to supply temperature is lessened by the heat.

It is a great though common mistake to suppose that there is a greater actual waste of the human body continually going on in India than in temperate climates, and that, therefore, more food or nutriment is necessary to supply the waste. The skin is the only part which acts more freely, as evidenced by abundant perspiration. But this does not imply waste of tissue, as the amount of perspiration is in proportion to the diminished action of the kidneys, and to the consumption of fluids, which is considerably increased by the high temperature. On the contrary, the solid organs of the body undergo less rapid changes, or metamorphoses, than in the temperate latitudes. There is greater or less tendency to congestion or stagnation, and the consumption of large quantities of animal food (if more than sufficient for the ordinary requirements of the system) will only increase this tendency, and eventually prove a source of weakness rather than of strength, by causing organic disease or functional disorder.

The European has, before reaching India, been accus-

tomed to animal food, and if he suddenly discontinued it, he would almost to a certainty render himself unusually liable to be seriously and early influenced by the climate. But as it is unreasonable to expect the digestive organs to prove as active, and the demand for animal food to continue as great, in India as in England, it is of no use, nay it is very wrong, attempting to pamper the system with such food in a climate where much exercise cannot be taken, and where the high temperature interferes with its rapid assimilation. It has over and over again been remarked, that those who eat largely of animal food in the tropics, are less healthy than those in whose diet vegetable food predominates.

It has been supposed by some, that Europeans should imitate the natives in the matter of food, but it must be remembered that the Hindus have not the same constitutions as Europeans, and the use of ages has accustomed the former to the habit of taking large quantities of such grains as form their diet; whereas if the European were to attempt to do the same, his digestive powers would not be equal to the work thus imposed upon them, and mischief in the liver or some disorder of the stomach would soon be caused. The wiser plan dictated by common sense, as well as by experience, is to take an intermediate course.

Under these circumstances, what every European should endeavour to do, is to conform in some measure to the native system; that is, adapt their diet as far as is possible to the European constitution. In other words, eat sparingly of animal food; and let the diet consist in large measure of farinaceous and vegetable substances and fruits. There is no occasion systematically to deny oneself any kind of such food as fancy or taste dictates. Variety is necessary in order to keep the digestive system in a healthy condition. Dyspepsia, with all its attendant evils, is often caused by the uninterrupted continuance, for a long time, of one unvarying article of food. Individual experience will there-

fore prove the best guide in the selection of the most appropriate or most digestible substances.

The maxim inculcated by Canaro, "take in moderation that which agrees with you best," is about the safest that can be adopted, but before it can be carried out, every one must find out by experience what does agree with him best, and what is moderation. For those who believe in no rules unless supported by figures, it may here be stated that according to the calculation of competent authorities, an adult in health, of average weight (140 lbs), and height (5 feet 7 inches), requires one-twentieth part of his weight in food during the twenty-four hours; that is, 7 or 7½ lbs. food, including solids and liquids; 1 to 1½ lbs. (16 to 24 ozs.) being solid, the rest water.*

The diet table which long usage has sanctioned in India, need not be altered so far as the number of meals is concerned, but there is much room for improvement as regards the nature of these meals. The early morning tea or coffee should be taken with bread and fruit only. Breakfast should consist of the same, with curry and rice, or fish, or a little cold meat or fruit, and one or two eggs. Tiffin, if not made the principal meal of the day, should invariably be light, and consist only of bread or biscuit, fruits, and a glass of sherry or claret. Some people make tiffin an excuse for a double dinner, but any one who eats largely at both these meals, eats more than is necessary. Heavy tiffins make men heavy, sleepy, and interfere with the due performance of active work in the afterpart of the day. Either take a substantial tiffin and a light dinner, or a substantial dinner and a light tiffin.

At all meals select what is most agreeable to the palate, but be careful, at the same time, not to let that liberty lead to excess, but rather always bear in mind the often laid down and well-known rule of leaving off with an appetite. Beware of eating too quickly. Proper

* Parkes.

and slow mastication of the food and its mixture with the saliva, form the first steps in healthy digestion. By the first, the food is broken into small pieces, upon which the gastric juice can sooner act; and when well mixed or moistened with the saliva, digestion is greatly facilitated.

Dyspepsia, indigestion, and many other affections of the stomach, arise from defective mastication and swallowing too rapidly. If the food is introduced into the stomach too quickly, or in too large quantity, or washed down with large doses of fluid, that organ soon rebels; it becomes so distended, that the gastric juice is not properly secreted, and flatulence and heartburn, with all the evils of indigestion, sooner or later result.

Some persons are often thin, because they eat chiefly meat, and eat it too rapidly; whereas they ought to consume a larger proportion of farinaceous substance, as bread, arrowroot, cornflour and such like. Fat persons should adopt the opposite course, reduce the amount of bread, etc., and take more exercise. Some persons are, however, naturally fat, and some naturally thin, though even in their cases, a properly regulated diet may be found useful.

The importance of tea and coffee as articles of diet though now well recognised, is not appreciated by many who affect to despise them, as a convenient excuse for the use of alcoholic beverages as substitutes. Experience, says Dr. Letheby, has shown that there are certain articles of food, which are not particularly nourishing in themselves, but which serve some important purpose in the animal economy. This is the case with tea and coffee; in fact, the use of a vegetable infusion containing astringent matter, and an active principle rich in nitrogen, has been almost universal amongst mankind from the earliest times. The physiological action of these beverages appears to be of a somewhat singular kind; for while

they excite the brain, they calm the nervous system generally, and though they produce a state of wakefulness and activity, yet they also induce a species of languor and repose. Lehman has ascertained by experience that coffee greatly diminishes the wear and tear of the system ; it oils the machinery as it were, and checks the waste of function ; for those who use it find that during active exercise the destruction of tissue is prevented, and that there is less demand for food ; in fact with a maximum of work to perform, and a minimum of food to accomplish it, he will best sustain his solid powers who resorts now and then to a cup of tea or coffee.

Dr. Waring, in his "Tropical Resident at Home," thus pithily sums up the rules that should be observed in regard to food.

"There is an old saying, 'A good master makes a good servant,' and if this be true, as it undoubtedly is, in domestic life, no less true is it with reference to the relation between you and your stomach in the matter of dietetics. Regard it as your servant, remember its delicate organization,. treat it fairly; do not overtax its powers; do not throw upon it more work than it is in its province or power to fulfil ; supply its wants regularly, without pampering or over stimulating it ; and in its turn it will serve you well and faithfully, and will contribute essentially to your health, comfort, and happiness. Abuse its powers, and treat it on principles opposed to those just advised, and it will turn upon you, and wreak its vengeance by saddling you with dyspepsia and all its attendant evils.

"There is a point in which the above analogy ceases to hold good, you can always get rid of a bad servant by the payment of a month's wages ; you cannot get rid of a bad digestion on the same terms, even if you succeed in doing so at all."

Alcoholic Beverages.

The newly arrived European in India *requires* no alcoholic beverage whatever; that is, if he comes to India, as he certainly ought, full of life, vigour, and energy. If he does require stimulants, he has assuredly made a mistake in going out to India at all. The idea that beer, wine, brandy, or some alcoholic stimulant, is necessary to counteract, as is fancied, the depressing effects of the climate, is a delusion, and too often a snare. It is the rock on which more lives have been sacrificed in India than from any other cause. Our best Indian medical authorities, including such men as Johnstone, Sir Ranald Martin, Parkes, and many others, have all written in the strongest terms to the same effect, and yet nothing is more common than to hear the remark that the climate demands the use of these stimulants.

The climate demands no such thing. Alcohol heats the system, lessens the perspiration (which is the method adopted by nature to keep it cool), and causes congestion of internal organs. It is astonishing how long and how well one can go on in India, without any stimulant whatever. Complete abstinence is not at all inconsistent with vigour, health, and longevity. Water, iced if it can be had, or mixed occasionally with limejuice, should form the only beverage of the European, for some time after his arrival in India; indeed, it need never be changed for beer, wine, brandy, etc., if he finds his health keep good, as it probably will.

The young man who has acquired temperate habits at home, and maintains them in India, has a good prospect before him of enjoying a fair measure of health, and of being much less influenced by the climate, than he would if he were otherwise. The man in vigorous health then, who has been unaccustomed to any alcoholic beverage, must *therefore not allow* himself to be deluded with the idea, that

such stimulants are necessary, nor let him be tempted by others to partake of these beverages, merely because he finds many around him indulge in them. In by far the majority of instances, custom and not necessity has been the origin of the habit of taking stimulants. In that, as in other matters, custom is the god, before which many fall down and worship, never perhaps for one moment troubling themselves with the question, why should they do so?

These beverages, however, in some form or other, are almost universally used by Europeans in India as elsewhere; and as no amount of preaching will convince many that they are not absolutely necessary for those in health, the question comes to be, in what form, and in what quantity, may they be taken with the least danger, or with the least injury to health.

Sound vigorous health, as already mentioned, requires no alcoholic stimulant at all, and this is the condition in which all young Europeans are supposed to be on arrival in India. But after a residence there of two or three, or perhaps more years, when digestion begins to flag, a spur may be needed; one pint of beer, or one glass of good dry sherry, or half a pint of good claret may then be taken once or at most twice every day with advantage. These quantities are quite sufficient, as a rule, to stimulate the appetite and perhaps improve nutrition. It is, however, impossible to fix the precise quantities that may be taken in all cases, as so much depends on sex, age, constitution, and temperament, as well as on the amount of exercise taken, of the mechanical work done, and on the amount of exposure to the open air. Much, therefore, must be left to individual experience. Some men, however, have such elastic consciences as to argue themselves into the belief, that almost any amount of these beverages is necessary, and they measure the quantity more by their inclinations than by their requirements. Most persons in these days, as a rule, take *too much*; and, indeed, it is almost incredible the

quantity of beer, wine, and brandy that some men do consume in India. If it were always borne in mind that these beverages should be taken, not so much for their positively stimulating action as for their purely tonic effects, there would be little chance of the habit becoming a vice. The moment they produce excitement or flushing of the face, injurious effects are produced, and a bad habit engendered.

No beer or wine should on any account be taken at any time except at meals, unless prescribed medically. Beer drinking between meals is pernicious in the extreme. Those who thus indulge soonest need a change, and blame the climate of India for compelling them to go. Beer should not be taken before tiffin; if taken at breakfast, as many do take it, the system is at first excited, then depressed, when a stimulant is again demanded to enable the individual to go on with his work.

This is simply forcing the human machinery to do by artificial means, what ought to be done by purely natural ones, and the result is, as any one with any forethought might expect, functional or organic disease, or damaged health generally.

Brandy, whiskey, gin, arrack, or any other ardent spirit, must be shunned as poison, and like all other poison, should be taken only under medical advice. Medical experience condemns them as totally unnecessary to any one in health, and yet, next to beer, if not equal to it, the most common alcoholic stimulant used in India is brandy. In some districts the Englishman is marked out by the natives from every other race by the fact that "he eats beef, *drinks brandy*, and has no religion."

No one ever begins to drink brandy from choice. He is in his younger days tempted by his seniors to partake merely for social enjoyment, and he has not the moral courage to resist; nay further, he may even be, and too often is, deluded with the idea that a little, *only a little, brandy* and water is necessary to obviate or

remove the depressing influence of the climate upon him. The habit once commenced, gradually, almost imperceptibly grows, and the small quantity, which was originally taken, perhaps with a shudder and to please others, is now increased, and felt to be needed to supply the fancied want or craving, which has been caused by the very stimulant itself. So insidiously does this habit grow, that the victim is too frequently not aware of the enemy he is nursing within him, and when he perceives his error, when his health has suffered from it, with the singular inconsistency of human nature, he will conceal it from his medical adviser, to whom he is professing perfect openness.

Every medical man of any experience in India, can tell how very frequently the brightest hopes and prospects, as well as the finest constitutions, have been blighted, impaired, and sometimes utterly ruined by this indulgence. In the daily routine of professional duty, he often meets with men who are suffering from symptoms produced by brandy drinking and by nothing else, but who have yet no idea that they are intemperate in their habits, and can with difficulty be made to believe that their bad state of health is caused by these habits.

Occasionally a dialogue something like the following takes place.

Patient.—Well, doctor, I have not been feeling at all well.

Doctor.—What symptoms do you complain of?

Patient.—Well, I can hardly tell, but I really feel good for nothing, and [here passing his hand in a confused, tremulous manner over his forehead] I don't sleep well at night, get up uncommonly "seedy" in the morning, have little or no appetite for breakfast, or indeed for any meal.

Doctor.—Do you attribute these symptoms to anything you have been eating or drinking?

Patient.—Oh dear no! My food is simple in the extreme, and I eat very little of that. It is this abominable climate

which I think is the cause of all, and I wish I could quit it.

Doctor.—You said just now that you were worse in the morning; do you take anything to relieve the lassitude and discomfort you feel at that time?

Patient.—Well, yes. I do generally take a bottle of sodawater, with some brandy, only to cover the taste of the soda, and this appears at the time to do me good.

Doctor.—And you take this before breakfast?

Patient.—Yes. I am obliged to do so, as I feel so shaky, though there is nothing I detest so much as brandy. I have really been feeling so "out of sorts" lately, and as it is the only thing which does me good, I sometimes take another dose before breakfast, just to relieve a depression which comes on.

Doctor.—And what do you take for breakfast,—tea or coffee?

Patient.—Oh dear no. I can't stand tea or coffee; they make me more nervous than ever, and give me heartburn; indeed the only thing I can take which does not disagree with me is brandy and soda, or a bottle of beer.

And so on; the doctor thus finding on prosecuting the enquiry still further, that the details of the entire day's programme reveal a fact which the patient is slow to admit—that he has been consuming by these repeated doses, very nearly one bottle of brandy daily; thus: one or two glasses before breakfast, one at breakfast, one or two before or at tiffin; the same in the afternoon; and one, two, or even three in the evening. No human constitution in any country, far less in India, could stand out against such excessive indulgence; and nothing will save it from disease and premature death, but complete abstinence from the liquor which has been acting as a poison, and which has produced all the symptoms described.

Nor is this intemperate indulgence confined to men only. *Many women, educated*, refined, and in easy circumstances,

take such quantities of alcohol in some form or other, at different times during the day, openly or secretly, as to cause the very symptoms just described,—precisely those, in short, of chronic or permanent alcoholization. The convenient and favourite excuse that they are taken by the "doctor's orders," is too often put forth to cover the infirmity. Medical men are sometimes, it must be confessed, much too careless in prescribing these stimulants for ladies; they too often take for granted that their patient is too sensible or strong-minded to exceed the quantity ordered, or to fail to discontinue it when no longer absolutely necessary. Some ladies do religiously adhere to the orders given, while others allow themselves a latitude and licence to suit their own inclinations or wishes. In women, owing to physiological differences, and a more susceptible nervous system, intemperate habits paralyse the will earlier than in men; they become sooner the creatures of impulse, and less able to resist the seductive influence of alcohol, while its effects upon them are more ruinous to mind, character, and health.

All physiologists agree that alcohol becomes a poison to the nervous system, when it blunts perception, weakens the will, and causes tremulousness, and the quantity required to produce these effects, may be at once seen from the following:—"One and a half ounces of pure alcohol, or two in the case of unusual exercise of body or mind, is about the maximum standard of allowance for adult men; and the recent researches of Dr. Parkes confirm this belief, at least so far as showing that indubitably evil results follow, when this quantity is exceeded. If such be the proper allowance for a man weighing 160 lbs. (mostly bone and muscle), and always engaged in either powerfully exerting his muscles or his brain, or both, it would surely seem reasonable to say that a woman, weighing say 120 lbs., (much of it fat), and hardly ever using either her muscles or her brain vigorously and *continuously*, ought, at the outside, not to exceed the

daily quantity of three-quarters of an ounce of pure alcohol, which would represent about two ordinary glasses (two ounces each) of the usual highly fortified sherry or port which many prefer, two such glasses in the entire day mind, or say, to put the matter in a still more intelligible form, one glass of port or one fair tumbler of Bass's at each of the principal meals, any quantity beyond this being injurious,—as injurious as a slight nervous shock per diem would prove."*

If a simple rule could be made to suit every one, male as well as female, the following might be considered a safe one to meet the requirements of the greater number. One glass of wine or one pint bottle of beer at tiffin, and the same at dinner; or, better still, substitute half a pint of claret for the beer or wine. Claret is the safest of all beverages for Europeans in India: it is cooling, has an agreeable acidity, yet causes no acidity in the stomach, and perhaps more important still, it contains a small proportion of iron, which is the very ingredient that the blood most needs in India. Other French and German wines may be used in preference to the highly fortified port and sherry *manufactured* nowadays. But after all, experience will be the best guide as to the suitability of a particular wine in individual cases. "The only real test for wine," says Dr. Druitt, "is the empirical one. It is impossible to dogmatize on it *à priori;* to say that such and such a wine must be good in such and such cases, because it contains certain ingredients. The only questions he need ask are, not what is the chemical composition, but do you like it, or does it agree with you, and do you no harm? The stomach is the real test-tube for wines, and if that quarrels with it, no certificate of Liebig and no analysis are worth a rush."

One word about mixing wines at the same meal. This is a common cause of dyspepsia, more especially if champagne and port, or the former and beer are mixed. Few stomachs

* "The Practitioner."

will stand out against these obnoxious mixtures; and the morning headaches which almost invariably follow such indiscretion, fully attest the importance of caution in this respect.

EXERCISE.

Moderate and systematic exercise is one of the most important means of maintaining health in India. The healthiest persons there, are those who take open-air exercise regularly; and few things predispose the system to be materially and early influenced by the climate more than indolence and inactivity. The pale complexions, the torpid secretions, the languid movements, and disordered functions attest the truth of this. The languor and listlessness, so often complained of, after even a short residence in the tropics, are quite as frequently due to inaction, as to the climate itself, and should be resisted and overcome, not by alcoholic stimulants, but by regular exercise. This equalizes the circulation and checks the tendency to congestion, which is the cause of the languid feeling referred to.

The greater number of Anglo-Indians lead sedentary lives, and take far too little exercise, some scarcely any at all; and, although the climate on the plains does not offer many inducements or facilities for active exercise, yet there are times and seasons when such exercise can and ought to be taken. Every one has the power and the opportunity to engage in it, in some form or other, if he will only summon resolution to make the experiment, and where there is a will, there will generally be found the way.

The best time for exercise is in the early morning, about sunrise, when the air is fresh and cool, and the body and mind in a much better condition to enjoy it than in the evening, after the fatigue and labour of the day. It is always advisable, and notably in malarious districts, never to go out in the morning without first partaking of a cup of tea or coffee. A moderately active walk for about one

hour every morning will be found soon to produce keenness of appetite, lightness of digestion, and buoyancy of spirits, which will themselves be the best of all encouragements to persevere.

The nature and amount of exercise depend on individual constitutions, and must therefore be ascertained by experience. Those who have been unaccustomed to morning exercise will soon train themselves into it if they only make an effort to begin, and though the first attempts may accomplish but a small amount, perseverance, gradual and persistent, will soon enable them to increase it. It is best then to begin with a minimum, to go on gradually, to increase the amount according to the pleasurable sensations it induces, and to be especially careful to avoid such active exercise, either as to quantity or manner, as causes fatigue.

Gardening offers inducements to some, riding to others, while walking is open to all, and rowing, cricketing, shooting, are all means of open-air exercise suited to special tastes. Walking exercise has many advantages, inasmuch as it is most natural, is generally practicable, is attended with no trouble, and is the most independent and free. Riding on horseback is perhaps the most efficacious of all modes of healthy exercise, involving neither labour nor fatigue, while the rapid movement causes such a constant current of pure air, as to impart a tone and vigour to the system, as well as such a keenness and relish for food, which many will scarcely credit until they try.

Exercise in such games as cricket, boating, and rackets, must on no account exceed the limits of moderation, otherwise more harm than good will result. These games, when contested, involve much too great a strain on the whole body, and those who engage in them must always bear in mind that they cannot without prejudice to the health, expend the same amount of mechanical force on them in India, as *they were accustomed* to do in Europe. The great rule to

be observed in regard to exercise of whatever kind, is never to permit it to cause fatigue or exhaustion ; never to begin or end violently, but to begin moderately, and continue so long as pleasurable sensations are felt.

Ladies in India, as a rule, stand much more in need of exercise than men, and perhaps nothing sooner causes them to succumb to the influence of the climate, than the want of it. Confined, as they mostly are to their houses, during nearly the entire day, leading generally very sedentary lives, having little or no mental or physical occupation, they soon droop, become listless, languid, and apathetic, and eventually are incapable of any exertion at all. The evening drive does but little to rouse or invigorate them, and is beneficial only in diverting the mind, and enabling them to get some fresh air ; but exercise, worthy of the name, it cannot be called. Yet these ladies could take proper exercise, to prevent or counteract many of the evil influences of the climate if they would only summon resolution enough to begin. The amount of exertion which some will undergo night after night in ballrooms during the cool season in India, would, if directed in another way, namely walking or riding in the open air in the early morning, do much to preserve their health, and enable them to prolong their residence beyond the seven or eight years which is at present about the average duration of their stay in India.

SLEEP.

Health depends much on the quantity and kind of sleep. The habit of early rising is very soon acquired by Europeans in India, and late hours are early abandoned. Eight hours' sleep are, as a rule, quite sufficient for all the requirements of the system, but the quantity depends much on habit, state of constitution, and mode of living. To have one good sound sleep is the rule, and to ensure this, attention must be paid to diet, exercise, and regular and

temperate habits, as well as to the state of the mind, which should, on retiring to rest, be free from anxiety or care. The custom adopted by many, and especially by ladies, of indulging in a *siesta* for one or two hours daily, after tiffin, has nothing to recommend it. On the contrary, the sleep thus taken is generally unrefreshing, and is followed frequently by depression, languor, and listlessness, which perhaps only the evening drive may remove. Sleep is not called for then, and it has moreover the further objection that it commonly interferes with the sound sleep during the night. It is no excuse to say that the heat of the climate causes an overpowering drowsiness, which cannot be resisted. It is precisely by the very opposite, viz., exercise or occupation, that this can be and should be overcome. Those who give in to this habit of indolence and inactivity, soon complain of the enervating effects of the climate, and require a change.

If ladies would take more active interest in their domestic affairs generally than very many do at present, the inclination for this afternoon's sleep would not be felt, while they would probably find their health much better, and themselves in every respect much happier.

During the hottest months of the year, when the air is close and still, the nights are often passed in restless slumber; the system is depressed, and the body bathed in perspiration. The night punkah is invaluable then, and those who can afford it, should sleep under it, during such weather, for it will make all the difference between sound refreshing sleep and the reverse. Restless nights unhinge the nervous system, affect the general health, and render one unfit for the ordinary duties of the day. When night after night is passed in unrefreshing rest, as they often are by those who have long lived an unbroken residence in India, even although they have been temperate in their habits, a change to the hills or some cool station must be taken. Nothing *short of this will* probably be of the least avail, and nothing

more will generally be required. These restless nights are not unfrequently the earliest indications that the climate is exerting its baneful influence on the constitution, and ought not to be disregarded.

Sleeping during the night in the open air at any time during the year is most objectionable, and particularly so when the person is exposed to the rays of the moon, as blindness has sometimes resulted from such exposure; while paralysis is occasionally produced by the direct action of the land winds, which set in early in the morning.

Tatties, or mats made of kuskus-fibre or other material, placed in front of doors and windows, and kept constantly wet with water, are used in many parts of India to cool the air in the sleeping room. They answer the purpose very well, when used with proper precautions. They should always be so placed that the air in passing through them, cools the room generally, and is not allowed to play directly on the person; and they ought to be constantly wet, otherwise the apartment becomes oppressive, from the closeness and heat of the atmosphere. Fever, rheumatism, and a feeling of malaise, not unfrequently result from inattention to these precautions.

BATHING.

As the skin is the great safety-valve in the tropics, it is of the utmost importance that it be kept in a sound, healthy state. Free perspiration regulates the temperature of the body, and carries away from the blood not merely water, but also a large amount of animal matter, acids, alkalies, salts, gases, etc., which otherwise would embarrass and eventually cause disease in the lungs, kidneys, liver, etc.

The perspiration is secreted by small glands under the true skin, and is conveyed by means of extremely minute *capillary tubes*, terminating in what are familiarly known

as the "pores" on the surface. The number of these pores on every square inch of skin, is calculated to amount to 2800, and the total number of pores in a man of ordinary size (five feet seven inches) amounts to no less than 7,000,000. Further, as each of these small perspiratory tubes measures a quarter of an inch, their total length amounts to 1,750,000 inches, or 145,833 feet, or 48,600 yards, or nearly twenty-eight miles. But besides these little tubes, there are large numbers of small glands, which secrete an oily substance, conveyed through other minute chambers to the surface of the skin. The object of this oily matter, is to lubricate the skin, to protect it from external influences, and to facilitate the elimination of noxious principles, secreted by the perspiratory glands. But there is always a certain amount of perspiration and oily secretion, deposited on the skin, and if this is not removed, or if it is left undisturbed, for some time, the pores become more or less blocked up, the safety-valve is closed, and derangement of the health sooner or later follows.

In India there is at all times greater action of the skin than the European was accustomed to at home, and if as little attention is paid to it there as in England, the health will very soon suffer. The bath becomes, then, an essential part of the ordinary daily routine of life, for the sake of cleanliness. But it is not merely as a local cleanser that the bath is useful, but also as a general tonic, imparting, or at all events maintaining, vigour and energy, and in no small degree fortifying the system against the influences of the climate.

The best time for bathing is early in the morning, immediately or a few minutes after getting out of bed; some prefer it after the morning ride or walk, when it ought to be taken at once, and not after allowing the body to cool. No kind of bath is equal to the plunge, and *appliances exist in* every house in India, for indulging in

it. There is no necessity, indeed there is not unfrequently positive harm, caused by remaining in the bath more than five or ten minutes. The body should then be well rubbed down with a good rough dry towel, or even the hair glove. The *shower-bath* is especially useful, in those whose nervous system has become depressed, by long exposure to tropical heat, and this in a modified form, or by the "douche," can at all times be adopted, by the use of earthen pots full of water, that have been exposed outside, during the night.

As a rule cold water is best for bathing, but this must be decided by individual experience. If a pleasurable glow and feeling of warmth and comfort are felt after the cold bath, it is the best of all proofs that it agrees, but if a feeling of discomfort, or a chilly and unrefreshed sensation, is experienced, the cold bath must be discontinued, and tepid water substituted.

The *wet sheet packing*, as adopted by the hydropathists, is one of the very best means of imparting tone to the nervous system, when depressed by the influence of tropical heat, and may be applied as follows:—Place a double folded large sheet, soaked in cold water, on a couple of blankets, on an ordinary cot; let the person, divested of all clothing, be laid on the surface of the wet sheet, then have the latter wrapped round the entire body, taking care to tuck it well in, covering every inch of surface, except the face and head. The blankets must then be made to surround the body in the same way, and the person allowed to remain thus enveloped for at least one hour. All the coverings should then be removed, and the body plunged into cold water for one minute immediately afterwards, or it may be briskly sponged over with cold or tepid water, and then rubbed with a rough dry towel.

The *sitz bath* is also of great value in remedying a tendency to constipation so commonly complained of in India.

FRUIT.

Fruit as an article of diet is probably more useful in a hot than in a temperate climate, having no small influence in cooling the system, as well as in aiding digestion. The plantain or banana, the pine-apple, mango, pummalo, and mangosteen, with a few others, are those most commonly used in India, and if taken in moderation and in good condition, are most useful as well as grateful. The plantain is the safest and the most wholesome of all; it is procurable at any time during the whole year, and is so universally used that its absence from any meal would be conspicuous. It may be taken plain, or beat up with milk and sugar, forming an agreeable imitation of strawberries and cream; or it may be baked into fritters. The pine-apple, carefully divested of its seeds and seed cases, and in a ripe juicy state, should be taken in moderation, either plain, or soaked in simple syrup or claret. The mango is *par excellence* the fruit which is most relished, and is indulged in freely during the few months it is in season. All fruits should be taken fresh early in the morning, and as a rule seldom, if ever, at night.

The new comer, tempted by the novelty of fruits he has not before tasted, too frequently indulges to such an extent as to cause diarrhœa, dysentery, or indigestion, and not unfrequently eruptions of the skin, which become sometimes troublesome and persistent. They should therefore be partaken of sparingly at first, and too much care cannot be taken to see that the fruit is good and ripe.

Whenever diarrhœa or dysentery, or any other symptoms indicating irritation in the stomach or bowels are present, fruit as a rule should not be taken.

WATER.

The free action of the skin, which when not excessive

is most salutary, causes a great demand for fluids, and no fluid will fulfil the requirements of the system better than pure water, and it need scarcely be added, that no other fluid will better allay the feeling of thirst. Water then may be taken freely at all times of the day, except during or immediately before and after meals, when more moderation is necessary, as large quantities would then dilute the gastric juice and interfere with digestion. The habit of drinking large draughts of iced water, so common in India, when the body is heated, or during meals, is often attended with mischief, and always with risk to the stomach or other of the abdominal organs. Such water should be taken in small quantities at a time, or even slowly sipped; and if the water can be so cooled as to render it palatable by exposing it in earthen vessels covered with wet straw or cloths, no ice need be used at all.

Water used for drinking or cooking purposes should always be filtered through sand or charcoal, or both combined, to remove organic impurities, which in various forms are more frequently the cause of dyspepsia, fever, cholera, diarrhœa, skin eruptions, and other diseases than many suppose. Well-water may be unexceptionably clear and tasteless, and yet contain ingredients deleterious to health, if not removed by filtration. In some districts, notably where malaria abounds, the natives have a rooted and well grounded aversion to particular wells, and will on no account use the water in them for any purpose whatever.

Europeans of any experience, fully aware as they are of the uncertain condition of well-water, invariably carry with them while travelling filtered water, or they use one of those small portable carbon filters, which are so convenient as well as inexpensive. Boiling the water before using it, has some influence in destroying organic impurities, and may be adopted when no other means are available. Brandy has no such effect, and its use under such *circumstances*, is probably but an apology for the

sake of the stimulant. Two or three drops of Condy's fluid to each gallon of water will be found most useful in purifying it, when no filters are procurable.

Soda, Seltzer, and other aërated waters, when taken in moderation, are not objectionable, but when largely consumed, that is to the extent of five or six bottles a day, they produce a depressing effect, and occasionally dyspeptic symptoms.

SMOKING.

The excessive use of tobacco, in which many Anglo-Indians indulge, has a much greater influence on the health than they imagine. By interfering with the natural secretion of saliva from the mouth, and by its direct action on the nervous system, digestion is generally impaired, and the nutrition of the several structures materially interfered with. Not unfrequently the heart's action is enfeebled, the nervous system injured, and the whole constitution so depressed as to render it more readily influenced by the climate than otherwise. Medical men in India often meet with cases of persistent dyspepsia or indigestion, accompanied with distressing nervous symptoms, which are mainly, if not entirely, due to the excessive use of tobacco. Smoking early in the morning, or immediately before meals, cannot be too strongly condemned, as the healthy appetite is not only thereby considerably affected, but the digestion of the food, and the elaboration of the chyle and blood seriously interfered with.

But as smokers will smoke, in spite of all that is said against it, they ought at all events to confine their indulgence within moderate limits, and not smoke, like some men in India, with little or no intermission from morning till night. It is difficult to define what is moderation in smoking, as so much depends on individual constitutions, *but it may be safely* stated that three or four ordinary

cigars a day should be the *utmost limit.* If men will smoke, let them do so with some regard to their health, and never on any account, persist in the habit, when the mouth and throat become dry, when digestion is impaired, or when the nervous system becomes in the slightest degree affected.

DISEASES.

DYSPEPSIA.

Few Europeans in India escape this troublesome complaint in one form or other, and yet it may often be prevented by the exercise of no more than ordinary care. The digestive organs are exposed more directly than any others, the lungs excepted, to the contact and agency of external matters, and it is wonderful what we put into them, and what work we expect them to do. In robust, vigorous health, the digestive power of the stomach is something marvellous, but when tampered with (as too many in India do) by over-feeding or over-drinking, the function of digestion, which hitherto proceeded without our consciousness, is now attended with discomfort or even pain.

Causes.—The European is only too ready to blame the climate, the moment the first indications of dyspepsia appear. Dyspepsia is sometimes connected with the debility of the nervous system which is induced by prolonged residence in the tropics, but in by far the greater number of instances, the cause is due to errors in diet, to the use of indigestible food, over-feeding, the free indulgence in alcoholic beverages, excessive smoking, want of physical exercise, and irregular meals. Dyspepsia is sometimes also merely a symptom, and a very important one, of organic disease of the liver, kidneys, brain, etc.

Symptoms.—Want of appetite, flatulent distension of the

stomach, protracted digestion, heartburn, sour eructations, headache, nausea, and diarrhœa or constipation. These symptoms may be sooner or later followed by others more mental than physical. The nervous system suffers, the mind becomes despondent, gloomy, depressed, sometimes almost distracted. The victim is too often haunted with the idea that some serious organic disease exists within him, or he is in constant dread of some impending calamity; indeed there is scarcely any limit to the morbid fancies or delusions which add to the miseries of the hypochondriac.

Treatment.—No patients are more difficult to treat, or rather to manage, than those suffering from dyspepsia. They are often so wedded to habits, customs, and pet indulgences, of a nature totally opposed to sound digestion, that they cannot easily be induced to change or modify them, nor can they sometimes be made to believe that these are the cause of all their symptoms.

The dyspeptic must bear in mind, that medicine will, as a rule, prove of far less avail in relieving him (if the affection is unconnected with any organic cause), than the practice of some little self-denial. Obvious errors in diet must be corrected; the food should be of the simplest and most easily digestible nature, and ought to be taken at regular and stated times, as referred to at page 13. Over-indulgence in alcoholic beverages, or even the moderate use of such beverages, as are not suited to the individual, is a common cause of dyspepsia, and must be corrected and modified. Excess in smoking and other indulgences must be abstained from, and overtaxing the mental powers must be guarded against. The bowels should be regulated, by good systematic walking or riding exercise, assisted by the sitz bath and wet bandage as recommended at page 33; and failing these, by the occasional use of a simple gentle aperient, while the tone of the stomach may be improved by cordial tonics, if the above hygienic measures fail to produce this effect.

But avoid drugging by all means if possible. Dyspeptics rely too often on medicines, to relieve their symptoms, instead of trying what a little care, caution, and self-denial would do for them. The remark by a celebrated physician of a bygone age, that "physic is the art of amusing the patient while nature cures the disease," finds its best illustration in the treatment of dyspeptics; and the sage advice of Dr. Abernethy to the same class of patients, to "live on sixpence a day and earn it," is about the most comprehensive prescription that was ever given for dyspepsia.

DIARRHŒA.

This is one of the most common diseases in India, and it is perhaps the very first from which the European will suffer after his arrival. The ordinary symptoms of a simple attack are repeated large evacuations of a more or less watery consistence, dark in colour and of a bad smell, flatulence, uneasy sensations, sometimes amounting to severe griping pain, especially in the lower part of the abdomen, occasionally nausea and vomiting, and generally a white-coated tongue and foul breath.

Diarrhœa is distinguished from dysentery by the absence of blood and mucus in the stools, by being unattended with straining, or by inflammation, or fever.

Causes.—Indigestible food, unripe fruits, or ripe fruits in excess, badly cooked vegetables, some particular kinds of fish, and notably shellfish, such as crabs, prawns, oysters. It is also not unfrequently caused by previous constipation, the abuse of purgatives, by suppressed perspiration, by liver disease, or by the presence of worms in the intestines. It is also the premonitory symptom or first stage of cholera, and in such cases immediate attention is imperatively called for.

Europeans on their first arrival in India, cannot be too *careful to avoid* indulging freely in fruits, vegetables, and

articles of food to which they were not accustomed, as an attack of diarrhœa is almost certain to result.

Treatment.—When the diarrhœa is caused by indigestible food, the purging is nature's own remedy to rid the stomach and bowels of substances, which are offending them, and no treatment is required beyond simple diluent drinks, as barley or rice water, and such food as beef tea or chicken broth, arrowroot or sago, with or without milk, and tea, and toast. If the diarrhœa is troublesome and annoying, a simple purgative may be given to facilitate recovery, by removing the irritating cause. A teaspoonful of castor oil, alone or with eight or ten drops of laudanum, or the same quantity of Gregory's powder, in plain or peppermint water, will be found speedily beneficial. If the purging continue beyond one day, or if the evacuations are so frequent and so copious during the first day as to cause depression and faintness, thirty drops of chlorodyne, or twenty drops of laudanum, with half a wineglass of brandy, or a glass of port wine, may be taken, and repeated in three or four hours after, or an astringent mixture may be prepared and kept ready for use, thus ;—

Take of Powdered prepared chalk . . . . one dram.
Powdered cinnamon . . . . . one scruple.
Laudanum . . . . . one dram.
Tincture of catechu . . . . . four drams.
Peppermint or plain water . . . three ounces.
Mix, and take a tablespoonful after each loose motion.

Or the following ;—

Take of Tincture of rhubarb . . . . . two drams.
Tincture of catechu . . . . . four drams.
Laudanum . . . . . half dram.
Peppermint water . . . . . three ounces.
Mix, and take in the same way as the last.

If there is much griping or pain, or nausea, apply a good sized mustard poultice, or one made with bran or linseed meal, or a turpentine fomentation over the abdomen.

Irritability of the stomach, if present, may be relieved by small and repeated draughts of soda-water, or other effervescing drinks, or by small quantities of crushed ice.

The diet should be simple and light, and consist of tea and toast, arrowroot, sago, tapioca, or cornflour, beef tea, or chicken broth.

When the diarrhœa is caused by worms in the intestines, or by liver disease, or by any other causes than those mentioned, the symptoms do not come on so suddenly, nor progress so rapidly, and require special remedies suited to the case. If in these cases the symptoms do prove severe, before professional assistance can be had, the treatment above recommended may, with perfect safety, be adopted as a temporary measure to obtain relief.

The diarrhœa which is so often complained of by Europeans on going to the hill stations, is most commonly caused by sudden change of temperature, by cold and moisture, and very frequently by bad water. The treatment is the same as that already given; but much might be done to prevent these attacks, if more attention were paid to the change of clothing necessary for the colder climate, and if a flannel binder were worn round the stomach.

Diarrhœa in young children is commonly caused by teething, by irritating substances in the bowels, such as undigested food, or worms, and as a rule should not be suddenly checked. In either case, the best and safest treatment at the outset is to give half a teaspoonful of castor oil or Gregory's powder, if the child is about one year old. If the purging continues after this, a teaspoonful of either of the astringent mixtures already prescribed (p. 40) should be given every three or four hours, or one of the following powders as frequently.

Take of Grey powder . . . . . one grain.
Dover's powder . . . . . one grain.
Bicarbonate of soda . . . . three grains.
Ipecacuanha . . . . . half a grain.

Or eight to ten grains of the compound chalk powder may be given alone, or with twenty drops of tincture of catechu and one drop of laudanum. One drop for each year of age, is the ordinary dose of laudanum for children, but none should be given to infants, unless under medical advice.

If the purging still continues in spite of the above treatment, and the age be that when teething is likely to be the cause, the gums should be first lanced freely over the most prominent points, or where they are full and swollen, and then if necessary the above treatment.

When the diarrhœa is caused by worms, give to the child (if one year old) two grains of santonine, with a little sugar and water at bedtime, and the same dose early in the morning (fasting), followed one hour afterwards by a teaspoonful of castor oil.

In the case of very young infants, diarrhœa is almost invariably caused by errors in feeding, or injudicious nursing. The fault may lie either in feeding the infant too often, or there may be something wrong with the nurse herself. No infant should, as a rule, be nursed oftener than once every two hours at first; and the interval should be gradually lengthened, as the age of the child increases. Over-feeding, by frequent nursing, is a most prolific source of mischief, and no small amount of infantile mortality is due to this cause alone. Fresh milk taken into the stomach, while the previous supply is there being digested, materially interferes with, if it does not entirely arrest the digestive process altogether, and the food thus partially digested, proving a source of irritation in the bowels, causes diarrhœa.

Another common cause of infantile diarrhœa is the injudicious and premature administration of farinaceous food, as arrowroot, cornflour, etc., and these should therefore rarely be given to very young infants. When the fault lies *with the nurse*, she must either have some medical treat-

ment, or another nurse must be substituted; but whether the fault lies with the nurse or with the management of the feeding, no medicine will prove of any avail until the cause is removed.

It may be mentioned here, and it cannot be too well remembered, that during the prevalence of cholera in a district, the slightest diarrhœa should be attended to without any delay.

CHOLERA.

Cholera is, without exception, the most dreaded of all diseases. Its invasion is so sudden, its course so rapid, and its fatality so great, that it is little wonder its appearance in any district should excite more or less fear and consternation. In some parts of India it is scarcely ever absent, and with very few exceptions no spot in the whole peninsula escapes its ravages during the year.

In large cities, and densely populated villages, where ordinary sanitary laws are disregarded,—in other words, where drainage and ventilation are bad,—the disease every now and then breaks out and spreads with great rapidity.

No particular season of the year appears to be exempt from this disease, though it is more prevalent in some places at particular times than at others. The commencement of the rainy season, especially if the rain is not abundant at the outset, is generally believed to be the most common, or at all events the most likely, time for its appearance. Although little or no advance has been made in regard to the treatment of this disease, much has been accomplished during the past few years to arrest its progress, when once it appears in any spot. Sanitary reformers have probably directed more attention to this malady and its causes than to any other; and the result of their labours has been unquestionably favourable. The *preventive measures* suggested by them, irrespective of any

theory regarding the contagiousness or non-contagiousness of the disease, are now adopted wherever the epidemic appears, and in many instances its ravages have been cut short, when there was reason to believe they would have spread rapidly and destroyed thousands if no such precautions had been taken.

These preventive measures may be expressed in one word, *cleanliness*. As soon as it is evident that cholera threatens a district, the drains should be attended to, not on any account opened merely for the purpose of stirring them up, but thoroughly flushed with water, alone or containing a quantity of Condy's fluid, or chloride of lime, or some equally good disinfectant. All houses should be whitewashed, and in the case of those in which even one single person has been attacked, the place should be vacated for a time, and the inmates sent elsewhere at the very earliest possible opportunity, for the purpose of having the house thoroughly cleaned and purified by disinfectants.

Further, as it is now almost universally believed by medical men, that the matters discharged from the stomach and bowels of a cholera patient, contain the germs or infectious principles of the disease, it is evident that these discharges may prove a prolific source of communicating the disease to many others. It is a matter of the first importance then, that these discharges should not only have some disinfectant mixed with them before they are cast away, but also that they should be buried in the ground at some spot distant from any well or tank, from which water for cooking or drinking purposes is obtained, otherwise they may impart infection to the water, and so cause the disease to be widespread.

Bedding, clothes, towels, and such like articles, defiled with these choleraic discharges, may prove a powerful medium of infection, if not thoroughly washed and disinfected, or destroyed; so that a single case may exert a

terrible influencing power on large masses of population, local circumstances and individual carelessness co-operating.

It is by adopting, and most rigorously carrying out, these preventive and precautionary measures, that infinitely more good can be accomplished, than by any known treatment of the disease, when once it has been allowed to proceed unchecked.

But these measures also prove most beneficial in removing or allaying the nervous fears of the people, which frequently so depress the system as to predispose it readily to an attack. The Hindus appear to be well aware of the influence of fear in predisposing the system to attacks, not only of cholera, but of other epidemic diseases; for during the prevalence of any pestilence, they offer up propitiatory sacrifices to the particular divinity which in their opinion doth hedge the disease, one of the effects of which is to inspire them with confidence and courage.

Whatever obscurity may overhang the actual or exciting causes of cholera, there can scarcely be any regarding the circumstances which exercise such a predisposing influence on the human body, as to make it more than usually susceptible of the disease. Depression of spirits, fatigue, scarcity of food, exposure to a hot sun by day and to cold dews at night, incautious use of unripe fruit or badly cooked vegetables, intemperance, overcrowding of inhabitants in badly ventilated places, saline purgatives, etc., all exercise a debilitating effect on the system, and thus render it a more easy prey to the malady.

Symptoms.—The symptoms of an ordinary attack of epidemic cholera, are as follows; a feeling of distension and uncomfortable rumbling in the stomach and bowels, followed soon after by nausea, vomiting, and purging. The discharges are at first commonly bilious in appearance, followed shortly by copious evacuations, resembling rice (congee) water, cramps in the fingers, toes, calves, thighs, muscles of the abdomen, and loins. The skin is covered

with cold, clammy perspiration, the eyes are sunken, and have a dark circle round their orbits, the voice is reduced to a whisper, the features are sharpened and contracted, the expression of the countenance is apathetic and indifferent. The whole surface of the body, and more especially the fingers and nails, assumes a shrunken leaden blue or purple hue, the thirst is intense, and the pulse is thready, or imperceptible at the wrist. The patient is exceedingly restless, constantly throwing his arms about and casting the bed-clothes off him; the respiration becomes laboured and oppressed, and the breath cold; the secretion of urine is suppressed, and in the worst cases the whole body exhales a peculiar earthy, sometimes urinous, odour, followed soon after by coma and death.

The duration of these symptoms, from their commencement till death, varies from one or two to twenty-four hours. The first favourable indication of reaction generally takes place from twelve to fifteen hours after the first symptoms have set in. The pulse is felt at the wrist, the bowels are less freely purged, urine is passed, the features improve, the skin assumes a more natural colour, loses its cold, damp, clammy feeling, and becomes warm; and the patient, from being restless, is inclined to sleep. In some cases, however, dangerous and most serious symptoms set in after reaction has commenced, and the patient may sink under some disease of the head, liver, or other organ.

Treatment.—There is scarcely a medicine in the Pharmacopœia that has not been tried, and yet no certain remedy has hitherto been discovered for this disease when fully developed. But although the grand arcanum has yet to be found, especially for the stage of collapse, many lives may be saved by careful nursing, and by assisting nature in the effort of reaction by the judicious administration of remedies for that purpose. It is in the premonitory stage, or that of diarrhœa, that most good can be done. When cholera threatens, or is prevailing in a district, the slightest form of

diarrhœa should be at once attended to, otherwise it is almost certain to run into well-marked and uncontrollable cholera. Saline purgatives should be religiously avoided at such a time. Immediately on the first symptom of derangement of the bowels appearing, the patient should take twenty-five drops of laudanum, or thirty drops of chlorodyne, with half a wineglassful of brandy, and the same quantity of plain or omum water, repeating the dose in two or three hours, if necessary. The above dose is for adults, but in children the proportionate dose of laudanum and of chlorodyne is one drop for every year of the child's age. If purging still continue, give the following astringent mixture, which should be always kept ready for use.

Take of	Powdered prepared chalk . . .	one dram.
	Cinnamon powder	half a dram.
	Sugar	half an ounce.
	Tincture of catechu	six drams.
	Spirits of sal volatile	two drams.
	Chloric ether	two drams.
	Tincture of opium (laudanum) . .	two drams.
	Peppermint or omum water . .	six ounces.

Mix, and give a tablespoonful every two hours.

If there is much nausea or vomiting, a mustard poultice should be applied for twenty-five or thirty minutes over the pit of the stomach, and the following effervescing draught given, if ordinary soda-water is not procurable: dissolve a saltspoonful of carbonate of soda in a wineglassful of water, then add a teaspoonful of limejuice, and drink while effervescing, repeating this as often as it is called for. The patient should keep perfectly tranquil, in the recumbent position, and take as food, simple toast and tea, arrowroot or sago, or plain mutton or chicken broth, avoiding all solid food till the diarrhœa is checked.

This treatment, if adopted at the very outset, will in very many cases arrest the progress of the disease. If the purging and vomiting continue in spite of, or without any treatment, the patient will rapidly fall into a state of collapse. In this

stage all medicines containing opium, such as laudanum, chlorodyne, etc., must on no account be given. It is in this stage of the disease that most harm is likely to be done by the injudicious administration of drugs. A struggle is going on between the inherent powers of the patient's constitution and the cholera poison within him; and although no medicine has hitherto proved of any certain use in collapse, the case need not be despaired of. Every effort must now be made to rouse the flagging energies of the system. Good nourishing broth should be given in small quantities every few minutes, and this can easily be made at any time by using Liebig's extract of meat, a teaspoonful to a cup of hot or even cold water, giving the patient a spoonful of this repeatedly. Small doses (a dessert-spoonful) of brandy, diluted with half a glass of water, or small quantities of champagne, may be given every hour or half-hour, until the pulse becomes perceptible at the wrist, or till the skin becomes slightly warm. If these stimulants fail to rouse the patient from his profound collapse, the following is recommended.

Take of Spirits sal volatile . . . . . four drams.
Chloric ether . . . . . two drams.
Camphor water . . . . . five ounces.
Mix, and give a tablespoonful of this every half-hour.

Or the following, which has proved most successful in apparently hopeless cases :—Mix the white of four eggs, four teaspoonfuls of table salt, and, if procurable, two drams of chlorate of potass, in half a pint of water, and give the patient half a wineglassful every few minutes.

Cramps may be relieved by the application of hot bran, sand, or ashes, by mustard poultices, and by smart friction with or without turpentine.

The following mixture has been recommended to promote reaction, and is considered of so much importance that it is ordered in the "Medical Field Companion" to be

kept always ready by surgeons in charge of troops on the march. Take oil of aniseed, oil of juniper, and oil of cajeput, of each half a dram; ether, half an ounce; tincture of cinnamon, two ounces; strong sulphuric acid, eight drops; spirits of wine, twenty-four drops; mix, and give ten drops in a tablespoonful of water every quarter of an hour.

When, in the stage of collapse, vomiting is not present or has suddenly ceased, the case is a very serious one indeed. The pulse may not be perceptible at the wrist, the voice may be scarcely audible, the surface of the body may be cold and clammy and blue, and the urine may be suppressed, but if there be still occasional vomiting, the case need not be looked on as beyond hope. Vomiting, when repeated five or six times under these circumstances, is often followed by an increase in the frequency of the pulse, and a warmth coming over the surface of the skin. Pure cold water may be given freely. The patient calls for it and drinks it eagerly, and it fills the stomach, and produces vomiting, immediately after which he again demands more. The act of vomiting rouses the patient, and is a means, not to be despised, of restoring what alone is needed for recovery, viz. circulation and heat.

When reaction has fairly set in, little or nothing need be done beyond continuing the nourishing diet referred to; and it is astonishing how rapidly recovery takes place when once the case has taken a favourable turn. Occasionally, however, this reaction is so severe as to involve such organs as the brain, liver, or even the blood itself. But as such cases require treatment suited to their individual peculiarities, medical aid should be called in, if not already there.

DYSENTERY.

This disease is much more prevalent in India and other tropical regions than elsewhere, and is considered, with good reason, one of the pests of hot climates. It is more com-

monly met with and more destructive when there is a fall of rain after a long continued drought, as at the change in the monsoon, and a high temperature long continued predisposes to an attack.

Exposure to heat and cold, sudden variations in temperature, intemperance, a malarious atmosphere, unwholesome food, etc., are among the ordinary exciting causes, while not unfrequently it is the result of previous persistent constipation or of organic disease of the liver.

Symptoms.—Severe griping pain, especially in the lower part of the bowels, increased on pressure; frequent evacuation of the bowels, with great straining, the stools being composed of mucus, or slime, and blood, or both together; the tongue is coated and foul, there is depression and generally some fever, and subsequently great prostration.

Treatment.—A teaspoonful of castor oil with twenty drops of laudanum will, in many cases, if attended to at the outset, be found sufficient to arrest the disease. If this fails, the following course must at once be adopted. Give the patient thirty drops of laudanum in a tablespoonful of water; fifteen or twenty minutes afterwards give thirty grains of powdered ipecacuanha, mixed with a small wineglassful of water, and immediately after, apply a good-sized mustard poultice over the stomach for about half an hour. The patient must now lie down, keep perfectly quiet, and be undisturbed by any food or drink. This treatment will cause intense nausea, and perhaps great depression, but if vomiting occur within one hour afterwards, the very same course must be adopted about three or four hours subsequently. This is now considered to be the specific treatment of dysentery; as it has proved more successful than any other hitherto tried, and the cases are rare and exceptional indeed in which it fails. The above treatment may require to be repeated three or four times during the course of two or three days, but it would be injudicious to push it any further if no benefit results, owing to the great depression produced

by the ipecacuanha. If it fail, thirty drops of laudanum in one wineglassful of water or thin arrowroot may be injected into the bowels, and repeated two or three times in the course of the day.

Warm poultices of bran, linseed meal, or rice flour, should be applied over the abdomen constantly, and the patient kept quiet in a well-ventilated apartment. The food should be of the simplest kind, and such as is least likely to disturb the stomach. Good broths, beef tea, arrowroot, sago, corn-flour, or other farinaceous substances, with milk, should be given frequently in small quantities.

The above treatment is chiefly applicable to dysentery in its acute stage, though it is frequently most successful when the disease has been long standing. When the disease assumes a chronic form, that is, when all the symptoms are less severe, the treatment must be modified according to the probable cause.

Few diseases can boast of so many reputed remedies as chronic dysentery. In nearly every household, native as well as European, prescriptions for it are to be found, which are often held sacred as infallible and specific. These prescriptions, though occasionally containing a formidable array of ingredients, are not always to be despised or contemptuously thrust aside. They are generally and principally composed of astringent and aromatic substances, and while they may not unfrequently do great good, they very seldom do much harm. The natives of Southern India, however, often give large doses of mercurials, such as calomel and corrosive sublimate, the results of which are most disastrous.

It would be superfluous here to enter into the details of the treatment of chronic dysentery, as each case must be studied and treated according to its originating cause, and there is generally ample time for professional aid to be called in. If, however, the doctor resides far distant, and may not be able to see the case for one, two, or more days

after being sent for, the patient, if suffering much, may take ten grains of Dover's powder three times a day; or a *third* of a *teaspoonful* of castor oil, with eight or ten drops of laudanum and a little water, three times a day. Pomegranate peel, dried, is sometimes also of great use, and is usually given in the form of decoction, made by boiling half an ounce of the dried peel in two teacupfuls of water down to one cup, and drank in the evening or morning instead of tea or coffee. Bael fruit, also, sometimes proves successful when all other remedies have failed. It may be taken in the form of extract, conserve, decoction, sherbet, or syrup. The latter, being the most convenient form, is prepared by adding half a wineglassful of water and a teaspoonful of sugar to half a moderate-sized bael, divested of its stringy part. This may be taken as one dose, and repeated two or three times a day. If the patient is living in a malarious district, probably no treatment will prove of any benefit, unless he be removed from the morbid influence of the place. Indeed some cases of dysentery resist all treatment, and a thorough change, such as a sea voyage, affords the only chance of recovery.

Dysentery in children is frequently most obstinate and intractable. At the outset of the disease, the best thing to be done, is to give a small teaspoonful of castor oil; and this failing, the following mixture may be given for a child one year old:—

Take of Castor oil	one dram.
Powdered gum arabic	half a dram.
Sugar	two drams.
Laudanum	five drops.
Aniseed or peppermint water	one ounce.

Mix, and give a teaspoonful every four hours.

If the symptoms still persist, give the following powder three times a day:—

Dover's powder	one grain.
Ipecacuanha	quarter of a grain.
Quinine	quarter of a grain.
Rhubarb	one grain.

A thin linseed-meal poultice should also be applied over the abdomen; and if the child has much straining, or is very restlesss, inject one drop (for each year of age) of laudanum with a dessert-spoonful of cold water into the bowels two or three times a day, if necessary.

The bael fruit, as already recommended, is sometimes of the greatest benefit in these obstinate cases.

If the teeth are suspected to be causing irritation, the gums must be scarified; and if worms are supposed to be the cause, as they often are of dysentery, *santonine* should be given, as already directed when treating of diarrhœa.

If the infant is at the breast, changing the nurse alone may effect a cure; while for those who are beyond that age, no food should be allowed except arrowroot, sago, bread and milk, beeftea, or chicken and mutton broth, and tea and toast. A flannel binder should in all cases be worn round the abdomen.

FEVERS.

The ordinary fevers met with in India are Continued, Intermittent, and Remittent. There are several degrees of the first, their duration extending from one or two days to several weeks; while the symptoms vary from the mildest to the most severe and fatal, often involving important vital organs in their course.

The ordinary symptoms which usher in an attack of simple fever are, a chill sensation, sometimes amounting to shivering; pain in the head and back, languor, weakness, loss of appetite, quick pulse, foul tongue, and increased heat of skin. All these symptoms may be caused by exposure to cold or wet, by indigestion, or over-fatigue; and they may disappear within twenty-four hours without any treatment at all, beyond rest, a simple warm footbath, a warm drink at bedtime, light farinaceous food, and, if

necessary, a mild purgative in the morning, such as castor oil, Gregory's powder, or a couple of compound colocynth pills.

If the fever continues twenty-four hours without any intermission, active treatment is required to subdue it, as well as to anticipate or prevent serious organic complications, which are so apt to come on during its course. An emetic, composed of one grain tartar emetic, and fifteen to twenty grains of ipecacuanha, in half a tumbler of water, should be given; or a convenient substitute will be found in two or three teaspoonfuls of common table-salt dissolved in a tumbler of tepid water. When the stomach has quieted after the vomiting, give a simple purgative, such as either of those above mentioned for simple fever; and after the bowels have been well moved, give the patient the following powder, if the fever still continue :—

Dover's powder	five grains.
James' powder	four grains.

To be repeated three times a day.

Or the following fever mixture :—

Take of Sweet spirits of nitre . . .	half an ounce.
Nitrate of potass	one dram.
Mindereris spirit (aq. acet. ammon.)	three ounces.
Water	two ounces.

Mix, and give a tablespoonful every three hours.

The entire surface of the body should be frequently sponged (portions at a time) with tepid water and vinegar, as this cools the system, is most agreeable to the patient, and has no small influence in subduing the fever. The head should be kept cool by applying cloths soaked in cold water, with ice if procurable, or in vinegar and water. If the fever continues two days, in spite of the above treatment, and if no medical aid is at hand, the *following may be given.*

Take of Quinine . . . . . ten grains.
Calomel . . . . . six grains.
Rhubarb . . . . . fifteen grains.
Jalap . . . . . fifteen grains.
Mix, and make into a mass with syrup or honey, and divide into ten pills.

Two to be given every four or five hours. If pain in the abdomen, chest, or back is complained of, warm water fomentations or bran or linseed meal poultices should be applied.

The turpentine stupe is of great value in such cases, and its mode of application is as follows:—Soak a piece of cloth of the size required in spirits of turpentine, place this over the part where pain is complained of, and while it is allowed to remain there twenty minutes, hot water (flannel) fomentations should be constantly applied.

In children, perhaps no remedy is so effectual and so speedy in producing and promoting perspiration as the wet sheet; and it is quite safe. It is applied thus:—Soak a double-folded sheet in water quite cold, or with the chill taken off; spread this on the floor, and on it lay the little patient stripped, quickly enveloping every part of the body (head and face excepted) with the wet sheet, and tucking it well into every hollow space; over this wrap one or more blankets, and place the child in bed, when it will soon fall asleep. Let it remain thus for one hour, or even longer; afterwards remove the coverings, sponge rapidly the surface of the body with tepid water, and after drying it, let him have some sleep, if so inclined. This treatment may be repeated two or three times in the course of the day.

The administration of food in fever, forms one of the most important elements in its treatment, and too much care cannot therefore be taken in regulating both the quality and the quantity of nutriment to be taken.

Fever is such a consuming disease, that the vital powers early become much enfeebled, and the whole body emaciated by a severe or prolonged attack. The patient

cannot eat, and if he did, he could not digest, solid food. The diet must, therefore, be almost entirely liquid. Beef-tea, soups, plain or thickened with arrowroot, sago, or ground rice, should be given in small quantities repeatedly; and during convalescence, a light pudding may be taken in addition. Half a glass of port or sherry wine may be given to adults two or three times a day, if much weakness is complained of.

If the fever continue *uninterrupted and severe* for two or three days, every effort must be made to obtain professional aid, for the simple reason that the persistency of the fever may be due to the existence of serious mischief in some organ of the body. Inflammation may thus occur, and may make some progress before it is discovered, in consequence of the diminished sensibility of the patient to internal as well as external sensations.

It is in these cases that the judgment, skill, and experience of the medical adviser are tested, for he must trust, not to the sensations of the patient, but to his own tact in interpreting other signs and symptoms, in order to discover the cause of the obstinacy of the fever.

It may be here mentioned, that as fevers of a continued type are not unfrequently caused and kept up by bad drainage, bad ventilation, and uncleanliness generally, every care should be taken to remedy these by measures which are obvious to any one.

Intermittent Fever, Ague, or Jungle Fever.

The primary cause of this disease, as it is indeed of many others in India, is *malaria*, of the precise nature of which nothing is known beyond the fact that it is a specific poison which produces a specified effect on the human system. Malaria is most likely to prevail about the end of the hot and dry weather, and its development is *in proportion to* the temperature and humidity of the

previous hot season. It is most active, from sunset to sunrise, and it is during this period that the body is most predisposed to receive it. It is heavier than the atmosphere, becomes entangled in fogs, and keeps close to the ground; hence the danger of sleeping in the open air at night on the ground. It adheres to the foliage of high, wide-spreading trees, and this facility of attracting and, as it were, arresting the miasma, should be taken advantage of, by planting such trees round dwellings and districts where it is reputed to exist.

The time which elapses between exposure to malaria and an attack of ague is very variable. Some persons suffer immediately, while long periods may elapse before any symptom appears in others. Strangers visiting malarious districts are generally more susceptible than natives or Europeans who have long lived there; indeed many of the latter do not suffer at all till they remove to the plains.

Varieties of Ague.—1st, *Quotidian*, when the attack comes on once every twenty-four hours; 2nd, *Tertian*, in which the paroxysm occurs once in forty-eight hours; and 3rd, *Quartan*, when it comes on once in seventy-two hours, the symptoms being the same in all, though differing in degree.

Symptoms.—A fit of ague consists of a cold, a hot, and a sweating stage. The usual symptoms which usher in the first, are languor, debility, listlessness, yawning, stretching, and a sense of oppression about the stomach; a chilly sensation is complained of all over the body, especially along the course of the spine; the features shrink, and the skin becomes dry and rough. These are soon after followed by violent shivering and chattering of the teeth; the lips, cheeks, ears, and nose become blueish, the breathing quick and anxious, the pulse frequent, and occasionally feeble, the tongue dry and white, and severe pains are sometimes felt in the back, loins, and head. The shivering and cold sensations gradually go off, and the second, or hot, stage

commences. Heat gradually returns, at first in alternate flushes about the neck and face, followed by a burning, pungent, dry heat of the whole body; the features lose their pale shrunken aspect, and become more natural, or more red and flushed, the pulse is quick, full and strong; throbbing of the temples is much complained of, the pain in the head being sometimes intense, and the patient is very restless. These symptoms are again followed by others which constitute the third, or sweating, stage. Moisture appears on the face and neck, bursting out afterwards in profuse perspiration all over the body, the burning heat and thirst disappear, the pulse becomes natural, the sweating soon goes off, and the patient begins to feel in his usual health.

The period which intervenes between one fit and another is called an *intermission*, and if these intermissions are complete, that is, if the usual health is resumed, the fever is called intermittent. If, however, the patient does not entirely recover, if he continues uneasy, unwell, and perhaps slightly feverish, the disease is called remittent fever.

The duration of an attack from its commencement till its close, varies from one to two or more hours. A fit may come on at any moment unexpectedly while the individual is employed at his ordinary occupation, or during meals, or whilst engaged in some amusement or recreation. The causes which predispose the system to an attack, are debility, however produced, and intemperance.

Treatment.—In the first or cold stage, the great object is to shorten it, and this is to be done by warmth. The patient should at once be put to bed, covered with blankets, and have hot bran, sand, salt, or water-bottles, applied all round him; he should drink freely of warm tea or rice water, and take a glass of wine or spirits with warm water. A pot containing hot charcoal, placed under the bed, is an excellent means of warming the patient.

Emetics are sometimes of great use in abridging this

stage, but they should not be administered unless there is nausea, a foul tongue, or other indications of a loaded stomach, and in such case twenty grains of ipecacuanha, mixed with half a grain of tartar emetic, in a tumbler of tepid water, may be given at the outset.

In the second or hot stage, all the treatment adopted during the cold stage must be discontinued; the patient should drink freely of cold or iced water, or sodawater; the whole body should be sponged with tepid water, and the head kept cool with cold-water cloths. A grain of opium, or twenty drops of laudanum, is sometimes of great benefit in subduing the fever, relieving the throbbing at the temples, and promoting perspiration. During the third, or sweating stage, nothing need be done except to encourage the perspiration (if not already too free) by keeping the patient covered with one or two blankets, and giving him some warm tea or ricewater to drink. He must afterwards be well wiped with dry towels, have his clothes changed, and get out of bed, or go to sleep if so inclined. If much weakness is complained of, a little brandy or wine and water may be administered.

It is not so much during the paroxysm, as during the intermission, that the treatment is most important. One attack predisposes the system to another at a more or less distant interval, while repeated attacks render the system still more prone to their recurrence, and as the patient soon begins to know by experience, when the next attack may be expected, he should anticipate it by appropriate treatment. A simple purgative pill, composed of eight or ten grains of the compound extract of colocynth, with or without a quarter of a grain of podophyllin, should be taken at first, if the bowels have been, as they commonly are, confined; and immediately after the purgative has ceased to operate, specific remedies must be used.

Of all the medicines that have hitherto been recommended as specifics for ague, none has stood the test of

experience so well as quinine; and this drug (the sheet anchor in ague) has the further advantage that it can be safely trusted in the hands of unprofessional persons, which is more than can be said of such remedies as arsenic. The dose of quinine to be taken after the above purgative, if a paroxysm is threatening, is from ten to fifteen grains; indeed, in malarious districts, experienced hands in ague do not think of measuring or weighing the dose at all, but unhesitatingly take from their bottle (always with them) a flat teaspoonful of quinine powder, which probably contains about twenty grains. If this treatment is adopted at the very outset, the attack may be prevented. But further treatment is necessary, as the paroxysm may return at any moment. The quinine must, therefore, be continued, in smaller doses however, say two or three grains, two or three times a day; and if the bowels are confined, and urine scanty, it may be combined with other medicines as follows.

Take of Epsom salts . . . . one ounce.
Nitre . . . . . one dram.
Quinine . . . . . two scruples.
Diluted sulphuric acid . . one dram.
Or the juice of one lime.
Water . . . . . one quart.
Mix, and take a wineglassful two or three times a day.

A practice commonly exists in malarious districts, of taking one grain of quinine immediately before breakfast and dinner, under the supposition that it prevents the action of malaria on the system. As this small dose may really produce the desired effect, and can do no harm, the practice may be adopted. The only caution to be observed in giving quinine, is to *suspend* its use, after it has caused deafness or frontal headache.

If attacks of ague continue to recur in spite of all treatment, the only course left is, for the patient (if his health has been much damaged) to quit the malarious district, for *some more salu*brious locality, or to take a sea voyage.

When this is impracticable, persons exposed to a malarious atmosphere, or who have had an attack of fever, would find it worth their while to attend to the following cautions. First, beware of sudden exposure to cold, and of damp or wet feet. Second, avoid over-fatigue and exhaustion, however produced. Third, never sleep in the open air during the night, and never close to the surface of the ground. Fourth, go early to bed, but do not get out of doors too early in the morning. Fifth, never leave the house in the morning with an empty stomach. Sixth, be temperate in habits.

HEAT APOPLEXY, OR SUNSTROKE.

Coup-de-soleil was the name which formerly distinguished all cases of sunstroke, from the mistaken notion, that they were necessarily the result of direct exposure to the beams of a hot sun. Such exposure, however, is by no means necessary to an attack. On the contrary, in a large number, if not the majority of cases that have been reported, the patient has *not* been so exposed. During the hottest months of the year, it is not at all uncommon for men who have gone to bed apparently well, to be seized during the night. A high temperature, with a close still atmosphere, overcrowding and bad ventilation, are the conditions under which attacks of heat apoplexy are most likely to occur. The predisposing causes are bodily fatigue and exertion, suppressed perspiration, intemperance, existing disease, and indeed anything likely to lower the system.

Symptoms.—These may be classed under two forms. In the first they come on slowly, and gradually increase; while in the second, they are sudden and severe. In the first, the patient complains of swimming in the head, drowsiness, faintness, and languor, confusion of ideas and great depression, mental as well as physical. These symptoms, if not attended to, are soon followed by others of a still graver

nature. The headache is intense; a feeling of weight, tightness, and heat at the back of the head is complained of; the breathing becomes laboured, oppressed, and sighing; the skin is hot and burning, the face is sometimes flushed, the thirst intense, bowels generally confined, and the urine suppressed. There is also generally nausea, and a disposition to vomit, with a sense of anxiety, weight, and uneasiness about the pit of the stomach; the patient is frequently distressed and agitated, and is possessed by a feeling of horror or of some impending calamity. These symptoms, if allowed to continue, are followed by violent convulsions, terminating in coma, or deep stupor, and death.

In the second or sudden and severe form, the patient, after perhaps a little staggering unsteadiness in walking, is at once seized with violent convulsions, ending in deep stupor, from which he cannot be roused; the breathing is sonorous and puffing, the skin intensely hot and dry, the pulse is at first full, quick and bounding, shortly after it becomes soft and feeble; the convulsions sometimes return, the respiration becomes more and more laboured, froth appears at the mouth and nostrils, and death soon follows. The duration of an attack is generally from a few minutes to several hours. Some recover rapidly (if treated at the outset) from the symptoms, which are more immediately dangerous, but even these persons are liable to future attacks, and can ill stand a high temperature with a still close atmosphere. The least exposure causes in them intense pain and tightness at the back of the head, with a feeling of fulness in the head generally.

The severe headache, burning heat of the skin, great thirst, and uneasy sensations about the region of the stomach, so often complained of by Europeans travelling by rail in India during some of the hottest months of the year, are the premonitory symptoms of an attack of heat apoplexy. Few therefore, caring to expose themselves to such risks, travel during the day, but prefer journeying

by night, taking care even then to be well provided with water and ice.

Treatment must be prompt, active, and persistent, since much good may be done before medical assistance can be obtained. The patient should be placed in a recumbent position, in a cool, well-ventilated place, with his head and shoulders raised and supported, and his upper garments removed. Water, iced, or as cold as it can be had, must be steadily poured from a height, and in a small stream, on the head, face, and chest, and most resolutely persevered with as long as the preternatural heat of the skin continues,—in fact, almost as long as there is life. As some encouragement, it may be mentioned, that cases of heat apoplexy have occurred, in which this determined affusion had been used for five hours, before they were restored from perfect insensibility to consciousness. Mustard poultices should also be applied to the chest, abdomen, calves of the legs, and spine, and an enema administered, composed of one or two tablespoonfuls of turpentine, three or four tablespoonfuls of castor oil, and a pint of tepid water. When the patient is able to swallow, a dessert-spoonful of brandy, or a teaspoonful of sal volatile in water should be given every hour till reaction sets in. He must then be kept quiet, and have simple milk diet or broth, and a purgative if necessary.

Preventive measures ought always to be taken by those travelling by rail during the hot weather. The head should be kept constantly wet, either by occasionally pouring cold water on it, or by keeping a handkerchief, soaked in water, on the top and back part of the head, and even on the face, by means of which latter, *the hot air passing to the lungs is considerably reduced in temperature.*

DISEASE OF THE LIVER.

Most disorders of the liver are characterized by an

uneasy, dull, heavy, aching sensation in the right side, a pain at the top of the right shoulder, loss of appetite, sluggishness of the bowels, occasionally diarrhœa or dysentery, and great general weakness. If not early attended to, these symptoms are sooner or later followed by others more serious, when medical aid is indispensably necessary.

Treatment.—The application of a mustard poultice or a turpentine fomentation, and a couple of compound colocynth pills, may, and very often will, remove all the above symptoms. A full dose of ipecacuanha powder (25 to 30 grains) is often most useful in this stage also.

If the symptoms continue, however, the right side should be sponged every morning with nitro-muriatic acid lotion (made by mixing a quarter of an ounce each of strong nitric and muriatic acid, with a pint and a half of water), and one of the following pills taken once or twice a day.

Take of Podophyllin . . . . . three grains.
Compound extract of colocynth . two and a half scruples.
Ipecacuanha . . . . . four grains.
And sufficient extract of taraxacum to make the ingredients into a mass, which is to be divided into twelve pills.*

Should the symptoms continue after one week's treatment as above, the right side should be painted over with a solution of iodine (iodine ten grains, iodide of potass twenty grains, and water half-ounce); or a fly blister may be applied for eight or ten hours, and the same pills as above, continued, or the following mixture, taken:—

Podophyllin . . . . four grains.
Diluted nitro-muriatic acid . half an ounce.
Fluid extract of taraxacum . three and a half ounces.
Mix, and take a teaspoonful in half a glass of water three times a day.†

* The above will be found particularly useful as a simple anti-bilious pill.

† The podophyllin may be omitted if there is diarrhœa or a tendency to it.

The diet should be light, and easily digestible, and no alcoholic drink should be taken, unless there is a great prostration of strength, when a glass of good dry sherry, or of claret, two or three times a day, may be allowed. Torpidity of the liver is so very frequently caused by sedentary habits, that often nothing further is required to remedy it beyond good, active, systematic exercise. If Europeans would only take more active exercise, eat less animal food, and be more temperate in the use of alcoholic beverages, the risk of suffering from liver disease would be materially diminished. Indeed, it may be safely asserted, that a very large, if not the larger, number of those who suffer from "liver," owe their diseases more to their own imprudent habits, than to the climate pure and simple.

PRICKLY HEAT.

Few escape this troublesome complaint. It is perhaps the first that the new comer to India suffers from, and though unattended with danger, it is sometimes so teasing as to render the victim unfit for anything. The symptoms are, itching, tingling, pricking, and a sensation of heat accompanied with that, popularly known as "needles and pins;" and the skin is covered with a bright red eruption, resembling pimples or freckles. It may be confined to one part of the body, but it may also extend rapidly over every inch of surface. The irritation may disappear while the body is at rest, but it reappears with intensity when the skin acts freely, as during exertion, or after taking a glass of water, or tea, or anything likely to cause perspiration.

Prickly heat is rather salutary than otherwise; that is, it is a symptom indicating the free action of the skin rather than a *cause* of good health.

Many remedies have been recommended, but few prove of much, if any, use. Sponging the parts affected, with

toilet vinegar and water, or dusting with ordinary violet powder, will probably be found more beneficial than anything else.

New comers who suffer much from prickly heat, should be temperate in eating and drinking; avoid exercise during the heat of the day; keep the bowels regular; wear light cotton clothing; and abstain from cold bathing when the eruption is abundant.

BOILS.

These are very troublesome in India, and may come on at any period of the year, though the most common time for their appearance is about the commencement of the wet and cool weather. In some parts of India, especially in the north-west and upper provinces, they are so large and so abundant as to prove sometimes very serious.

Ordinarily, however, they are not attended with danger, but they always prove a source of much discomfort and pain, and in the case of ladies, of disfigurement. They sometimes appear single and solitary; at other times in crops and clusters, and occasionally, though rarely, the whole body may be studded with them.

Treatment.—When large, solitary, and hard, an attempt must be made to promote their absorption, in other words, to prevent them from suppurating. This may be done by painting them over with tincture or solution of iodine (see page 64) once or twice a day; or by the application of a plaster, composed of four parts of galbanum plaster, and one part of camphor, spread on leather or cloth; or better still, by an ointment composed of one dram extract of belladonna, half a dram powdered opium, and one ounce of basilicon ointment.

This boil ointment, spread on leather, and applied to the boil, has proved more successful than anything else in relieving pain, promoting absorption, and dispersing the *swelling.* When this fails, and when the boil becomes red,

painful, enlarged, and soft, apply hot water fomentations, or linseed meal or rice poultices, or a cream composed of equal parts of honey and goulard water; or the simple benzoated lard only, till they burst or are ready for opening. These large boils should in all cases be opened when they are soft and fluctuating, or when there is no tendency to absorption. This should be done by a simple *puncture* with a lancet, and the above belladonna ointment afterwards applied.

When the boils appear in clusters all over the body, constitutional treatment is required. A tablespoonful of the following mixture should be taken every morning or oftener, provided the bowels are not already too freely moved:—

Take of	Epsom salts	two ounces.
	Cream of tartar . . .	one ounce.
	Water	one quart.

If the sulphate of potass with sulphur (as one drug) can be procured, half an ounce of it may be added to the above mixture. The following mixture, taken in the same dose, will be found beneficial when the appetite and health generally are below par:—

Epsom salts	one ounce.
Sulphate of iron . . .	half dram.
Quinine	one scruple.
Diluted sulphuric acid . .	two drams.
Water	eight ounces.

For persons who are liable to crops of boils, a full dose of quinine (ten grains) taken immediately on their threatening to appear may arrest their progress.

The system is sometimes so depressed when the boils are abundant, that a glass of good dry sherry or of claret, two or three times a day, besides good nourishing food, may be absolutely necessary. A complete change of air, a

trip to sea, removal to some more bracing climate, or even from the locality in which the patient lives, is sometimes indispensable, and will be found beneficial, when all other remedies have failed.

CONSTIPATION.

Habitual constipation is a complaint to which Europeans are frequently subject after their arrival in India, and arises as much from want of exercise as from any other cause. Medicine will prove far less effectual to remedy it, than a well regulated system of diet and regimen. Good active walking exercise, the use of bran bread, fruits, and plenty of good fresh drinking water will, if persevered with, probably effect all the good desired.

The so called hydropathic treatment is most beneficial in these cases. The patient should sit in a small quantity of cold water every morning, for about a quarter of an hour, at the same time rubbing the abdomen gently with the hand or sponging it with cold water; or a wine-glassful of cold water may be injected into the bowels, and retained there while a brisk walk is being taken. A wet bandage round the abdomen is also sometimes of the greatest benefit, and the mode of applying it is as follows:— Soak a double piece of American drill, twelve inches square, in cold water; place this over the stomach, covering it with waterproof sheeting one inch larger all round than the wet cloth; and then apply a dry bandage round the body, fastening it with tape, or buckles and straps.

This should be applied early in the morning, and kept on for about two hours, during which time, active exercise ought to be taken, and one or two tumblers of fresh water drunk, with or without some simple fruit, as the plantain or mango.

Purgative medicines must be avoided if possible, for they *not only interfere* with digestion, but they also often aggra-

vate the disease they are intended to cure. Enemas, if used copiously and warm, impair the tone of the bowels, and eventually do more harm than good. When a purgative is absolutely necessary, the simpler it is the better; and there is perhaps none safer than castor oil or Gregory's powder. The effervescing citrate of magnesia is a mild, agreeable, and cooling purgative, and is well suited for Europeans in India.

It should always be borne in mind, however, that it is much better to allow a certain amount of constipation than to fall into the bad habit of taking purgatives often.

COLIC

May be caused by indigestible food, by drinking bad water, or by exposure to cold and damp. The symptoms are, severe twisting pain in the abdomen, which is generally relieved by pressure, accompanied sometimes by nausea and vomiting.

Treatment.—Thirty drops of chlorodyne, or twenty drops of laudanum, with half a glass of brandy and water; and repeated in two or three hours if the pain continues severe. The abdomen to be fomented with flannels wrung out of hot water, or covered with a large bran or linseed-meal poultice, or a mustard plaster may be applied. If the bowels have been much constipated, give an enema composed of two or three tablespoonfuls of castor oil and one tablespoonful of turpentine in a quart of warm ricewater. The bowels should afterwards be freely moved by a full dose of castor oil, taken by the mouth.

In *children* and *young infants*, colic or "gripes" is almost invariably caused by indigestible food, and is usually quickest relieved with a teaspoonful of aniseed, peppermint, or dill water, with or without laudanum (one drop for every year). If this fail, and the child is crying much, put it *into a warm* bath, rub the belly with warm salad

oil, and, if much puffed, apply over the surface a paste made of burnt sweet flag and water. An enema of warm water, with one tablespoonful of castor oil, may also be given.

When the attacks of colic are frequent in infants, there must be some fault in the nursing, or in the nurse herself. Too frequent and irregular nursing is a very common cause, and nothing will prove of the least use in relieving the child of its pain, until a proper course is adopted. No infant above one month old should be nursed oftener than once every two hours. When griping is frequent, the following mixture will be found very useful:—

Take of Magnesia	one dram.
Sugar	two drams.
Gum powder	one dram.
Tincture of assafœtida . .	half dram.
Essence of aniseed . . .	twenty drops.
Dill water	two ounces.

Mix and give a teaspoonful as a dose, three or four times a day if necessary.

CONVULSIONS

May occur at any moment when medical aid is far distant, and if no means are adopted to arrest them, a life may be lost. Convulsions may be caused by teething, by irritating substances, such as indigestible food, worms, etc., in the stomach and bowels, and they may also come on during the course of other diseases.

The symptoms which usually usher in a fit, are turning in of the thumbs towards the palms of the hands, squinting, twitching at the mouth, starting or jerking of the arms or legs, and violent screaming. The whole or part of the body suddenly becomes rigid, the back is bent in the form of a bow, and the entire body is much agitated and sometimes distorted from the violence of the spasms, while froth escapes from the mouth, and the breathing is hurried and *laboured.*

Treatment.—Put the child at once into a hot bath, immersing the entire body (except the head); and while it is in the bath, pour cold water out of the spout of a teapot from a height on to the top of the head. The child should remain in the bath for at least ten minutes, but the cold water must be continued to the head for at least half an hour longer, if the fit persists, or the head be still hot. If the child is able to swallow after its removal from the bath, give it (if one year old) five grains of ipecacuanha in a little tepid water, or a small teaspoonful of ipecacuanha wine, and repeat either of these, two or three times within half an hour, so as to make the child vomit. In all cases an injection should be given, consisting of one teaspoonful of turpentine, two teaspoonfuls of castor oil, and about a wineglassful of tepid water. Mustard poultices should be applied to the feet, calves, or thighs, and to the spine, and kept on eight or ten minutes. If any teeth are suspected to be causing irritation, the swollen gums over them must be freely scarified with a gum lancet. If worms are suspected to be the cause, give two grains of santonine after the fit is over, repeating the dose in two hours afterwards, followed one hour subsequently by a teaspoonful of castor oil.

Convulsive fits may last from only a few minutes to many hours. In the latter case, the hot baths may be repeated at intervals of one or two hours, according to the strength of the little patient; but the head must be kept constantly cool by cold water poured over it, or by the continuous application of ice or cloths soaked in cold water.

As these fits are very liable to recur, every care and attention should be paid to the state of the bowels and teeth, and indeed to anything that is at all likely to cause the least irritation.

CROUP.

This is another of those diseases for which the treatment must be prompt and active. The symptoms come on so suddenly and advance so rapidly, that much good may be done, danger averted, perhaps life itself saved, long before medical aid is available.

Symptoms.—A harsh crowing sound in the breathing, a dry metallic (brassy) cough, quick pulse, and difficult respiration. The disease sometimes passes away quickly, while at other times it runs its fatal course in a few hours.

Causes.—Exposure to cold or damp, indigestible food or other irritant in the bowels, and teething.

Treatment.—Give (to a child one year old) a teaspoonful, every ten minutes, of the following mixture, till vomiting is produced :—

Take of	Ipecacuanha	twenty grains.
	Tartrate of antimony (tartar emetic)	two grains.
	Water	two ounces.

The seriousness of the case is in proportion to the difficulty of exciting vomiting; if vomiting is early and freely induced, the chances of recovery are more favourable. Put the child into a hot bath, which will assist the emetic; and after its removal from the bath, continue the emetic, if there has been no vomiting. Apply a mustard poultice to the throat and upper part of the chest, or a thin bag of hot salt, or sand, or bran. After free vomiting has occurred, the child should have a quarter of a grain of calomel with two grains James' powder every two hours, until twelve such powders have been taken. The bowels should be moved by castor oil or an enema.

In those mild cases where the child has simply a croupy cough, and in those severe ones, after the urgent symptoms have disappeared, the same emetic mixture as above should *be given in doses of* a quarter of a teaspoonful or the same

quantity of ipecacuanha wine, every three or four hours. The throat and chest should be rubbed with warm oil or mustard oil, and hartshorn in the proportion of one part of the latter to four parts of the former, and covered over with a piece of soft flannel.

Children in whom there is a tendency to croup, should never be allowed to remain out exposed to the night air or damp.

INTESTINAL WORMS.

Three kinds of worms infest the human body, viz. the tape, the round, and the thread worm, and the treatment varies with each.

For tapeworm, the best known and most certain remedies are spirits of turpentine, kousso, and the oil of male fern. The dose of the first is one teaspoonful; of the second, two drams; and of the third, from half to one dram. In either case, the dose should be taken on an empty stomach, followed four or five hours afterwards by a dessert-spoonful of castor oil; and this treatment should be repeated once or twice a week, until the whole of the tape worm has been passed.

For round worms, five grains (for an adult) of santonine powder should be taken at bedtime; the same quantity early next morning, and one hour afterwards, a dessert-spoonful of castor oil. If this fails, one teaspoonful of turpentine with two teaspoonfuls of castor oil should be taken early in the morning, fasting.

Thread Worms almost invariably infest the lower part of the bowels, and are best treated by injecting some bitter infusion as that of quassia, gall nut, or chiretta, or a solution of santonine, five grains to one ounce of water.

Worms are a common cause of diarrhœa, dysentery, convulsions, and wasting in children. The symptoms that usually indicate their presence are itching and picking at

the nose, grinding of the teeth, a sallow pasty complexion, with often a darkish ring round the eyes. The appetite is capricious and fanciful, the child loses flesh, and perhaps has its stomach distended and sometimes hard. Worms may be suspected and treated for in those cases of diarrhœa and dysentery which resist the ordinary remedies. The dose of santonine for a child two years old is two grains.

ACCIDENTS.

Wounds are incised, contused or ragged, punctured, and gunshot.

Incised or clean-cut wounds should first be cleansed of all dust or other matter, and after bleeding has stopped or been controlled, the edges should be brought close together by strips of adhesive plaster, then covered with dry lint and a light bandage. If the wound is large and gaping, a fine needle and thread may be passed through the edges at different parts, according to the size, and tied in a simple or reef knot, the lint and bandage being then applied as above. In the case of wounds on the head, the hair must be shaved off all round the injured part, before the above treatment is adopted.

In *ragged* wounds it is no use attempting to bring the edges together. Apply in the first instance, plain cold-water dressing and a light bandage. If there is much pain, a light poultice or warm-water dressing may be used, to be replaced by the original dressing when the pain has subsided, and this treatment should be continued till the wound is healed.

In *punctured and gunshot wounds*, the danger is often very great, as important organs and vessels may have been injured. In all cases, it is best, if no particular symptom indicating serious internal injury is present, to apply lint soaked in cold water over the wound, *to keep the patient* lying on the wounded side, so as to

facilitate the escape of any matter, and to keep him at perfect rest and on low diet. If the wound begins to throb, and is hot and painful, warm-water dressing or a poultice should be applied, and frequently repeated. If there be any fever, a simple purgative must be given, followed by the fever mixture (see page 54).

As punctured and gunshot wounds are often attended at first with great shock to the nervous system, it will be necessary to give the patient a glass of brandy to rally him. If a bullet, or broken part of a knife, or other instrument, can be felt or seen at or near the surface of the wound, it must be gently and cautiously removed with a pair of forceps or clean blunt pliers.

BRUISES.

These are simple or compound, according as they involve the superficial textures only, or those deep seated, with the tissues destroyed.

In the simple form, the treatment is rest, fomentations at first, and afterward gentle friction with soap liniment or oil, with or without camphor. Cloths soaked in tincture of arnica diluted with four parts more of water, or in vinegar, or a garlic or onion poultice, will be found useful in removing the discoloration due to extravasated blood.

Leeches and friction generally do more harm than good at the outset, and should therefore never then be used. The first are only necessary if inflammation sets in, which it sometimes does as a secondary result of the injury. Friction, if adopted at the first, may so irritate as to *cause* this inflammation, and should therefore only be adopted after all excitement has passed, and even then cautiously and gently.

In more severe bruises, where the tissues are torn, the best treatment in the first instance is to apply fomentations, *by soaking* a double piece of cloth in warm water,

and covering it over with oil silk or waterproof sheeting larger than the cloth applied. This should be changed two or three times a day, and continued till the surface become clean, after which *cold* water dressing and a light bandage will be found sufficient to effect a cure. Loose skin or other tissue, not falling off spontaneously, may be removed by scissors. If proud flesh (granulations) appear abundant, a simple astringent lotion composed of two grains of sulphate of zinc in one ounce of water may be used, instead of the plain water dressing, or the surface may be dusted over once every day with finely pounded alum in a muslin bag before applying the simple water dressing.

If the discharge is very offensive, and the part looks dark coloured and unhealthy, a poultice made with charcoal and linseed meal or grated carrots, and plain water or yeast (Indian toddy fermented), should be applied; or a lotion of carbolic acid, one part to twenty of oil may be used.

If insects appear, they may be destroyed by dusting in a small quantity of a powder composed of equal parts of calomel and camphor.

It must always be borne in mind that bruises of the simplest nature in natives of India may be followed by the most serious, even fatal, results, from tetanus or lockjaw supervening. It is therefore necessary that care should be bestowed even upon what may appear to be only a trivial accident.

SPRAINS.

The limb must be kept at perfect rest, and cold water continuously applied. If after this there is much pain, a few leeches may be applied, and when all inflammatory symptoms have passed away, gentle friction with the hand or with soap liniment, followed by bandaging, may be employed. When the swelling and the uneasy sensations have abated, *the joint may be moved* in different directions, in order to

restore the natural movements. Tincture of arnica, diluted with four parts of water, sometimes gives relief in sprains, after the immediate excitement has passed. Occasionally, the sprain may be so severe as to require the application of one or two splints, in order to ensure perfect immobility. In almost all cases, the more perfectly the limb is kept at rest *at the outset*, the sooner will the symptoms disappear. Sprains of the ankle are best treated by the careful application of strapping to the injured part, and the immediate but cautious use of the limb.

BLEEDING, OR HÆMORRHAGE.

This may occur to such an extent from a wound as to prove in itself a source of danger, if not arrested. In ordinary cases, as in incised wounds, exposure to the air or a moderately tight bandage, with a small compress of dry lint or cloth, will be found sufficient to stop the bleeding. If these fail, a firm pad about half an inch thick, made of several layers of lint or rag, should be applied over the bleeding part, firmly kept on by a bandage or by pieces of adhesive plaster, and a stream of cold water poured over all. When pressure cannot be employed, as when the bleeding comes from the nose or mouth, or from large surfaces, astringents must then be used along with cold applications (ice if it can be had). Powdered alum, tannin, matico, pernitrate of iron, turpentine, caustic, or even a hot iron, may each and all be tried.

Hæmorrhage caused by a wound in an artery is recognised by its bright red colour, as well as by its jerking and spouting character. If the artery so wounded is small, the bleeding may be stopped by the means above recommended; but if large, a ligature must be applied at once, as even in these cases the flow of blood may be arrested till medical aid arrives. If it is the leg or arm, a good-sized firm pad should be placed above the

wound, over the principal artery, on the inside of the limb, where the artery can usually be felt pulsating, and tightened with a bandage until the bleeding ceases. The limb should be kept well raised up, and the patient perfectly quiet.

If a vein is wounded, the blood is blueish or black, and the bleeding is always easily stopped by the pressure of a pad; but the pad must be applied *below* or beyond the wound, on the side most distant from the heart. Pressure applied above the wound, would in this case increase or encourage the flow of blood. In all cases where the bleeding has been arrested, the pad, bandage, and dressings generally, must not be disturbed for at least three or four days, otherwise there is great risk of the bleeding returning.

BURNS AND SCALDS.

A slight burn should be treated as an ordinary blister, viz., by the application of lint or cloth soaked in salad or sweet oil; or the part may be covered only with a layer of cotton wool and a light bandage. The leaf of the plantain tree, smeared on its smooth side with castor or salad oil, is also one of the simplest and best applications for simple burns and blisters.

When the burn is extensive and severe, the same treatment as above should be adopted; or the parts may be freely covered with flour, or finely powdered chalk, or violet powder with cotton wool above, and a bandage over all. The dressings should not be disturbed for at least two or three days, when they are to be cautiously removed, assisting their removal, if necessary, by a bread or rice poultice or by soaking them with simple tepid water. This treatment must be continued until the parts assume a healthy appearance, or until all the blisters have disappeared. If the surface then looks clean, nothing will heal it up more rapidly than water-dressing covered with oil silk.

In no case should the wrinkled skin be cut off or removed, but if the blister is large, it may be pricked with a needle before any application is used.

Burns of the face are best treated by applying salad oil with a feather or soft brush.

Extensive burns cause such an amount of depression as well as pain, that small quantities of wine or brandy must be given to keep up the strength. One grain of opium or twenty drops of laudanum (in the case of an adult) may be necessary to soothe and procure sleep. Beef-tea, chicken broth, and bread and milk should constitute the diet.

Caution.—When the fingers or toes are burnt, they should be so dressed as to prevent the contact of one with the other, otherwise firm cicatrices (bands of skin) will form between each finger or toe during the process of healing.

SNAKE BITES.

Venomous snakes abound in almost every part of India; and the fatal casualties that result from their bite are greater than from any other single cause of unnatural death, except drowning. In the Madras presidency alone, between eighteen and nineteen hundred deaths are annually reported as due to snake bite; while throughout the whole of India the number of deaths, from this one cause alone, is estimated at upwards of twenty thousand a year.

It is a common idea that venomous snakes will not bite unless themselves meddled with; but this is a mistake, for in by far the larger number of deaths recorded, the victims were known to have been bitten, while asleep during the night.

The parts most frequently bitten are the fingers, toes, and ankles; and the person bitten, if asleep, is at once aroused by the pain of the bite.

The pain is not severe at first, but increases in intensity afterwards, and extends rapidly upwards, the patient mean-

while complaining of extreme depression and faintness; the skin is covered with perspiration, a tightness in the chest and great difficulty in breathing are felt, and he gradually becomes comatose, and dies. Death usually takes place from one to six hours after the bite has been inflicted.

Although no antidote has yet been discovered for snake poison, yet some measures may be tried to save the life of persons under its influence. First apply a tight bandage or ligature a few inches above the wound; cut out the bitten part mercilessly, or freely scarify it with a lancet or penknife by small incisions all round. There need be no fear of the bleeding if the part cut out is on the fingers or toes; but if it continue too profuse, steady firm pressure with the thumb will arrest it. A red-hot iron, or nitric or carbolic acid may now be pressed into the bitten part, or applied at first if the patient will not submit to excision or incision. Sucking the wound should also be tried, but care must be taken that the party performing this operation has no broken surface on his mouth or lips.

Twenty drops of the strongest liquor ammoniæ, or eau de luce, diluted with water; or half a glass of brandy or rum, should be given at once, and repeated every fifteen minutes till reaction sets in. Mustard poultices, or a cloth soaked in liquor ammoniæ, should be applied over the stomach and heart; and the patient should be encouraged to walk about a little in order to combat the drowsiness which so commonly comes on.

It may be mentioned, that cases not unfrequently occur in which symptoms like those described are present when the person has been bitten by a snake *free from venom.* These cases soon recover if treated as above, and even with no treatment at all.

Scorpion and *centipede stings* are best treated by applying to the part, a paste made of ipecacuanha powder *and liquor* ammoniæ, or by the saturated solution of

iodide of potassium in liquor potassæ. The juice of a fresh onion or garlic, and the bruised leaves of the jack-tree, applied as a poultice on the wound, till the smarting has ceased, are all remedies, which experience has proved to be successful.

In some parts of the West Indies these stings are treated as follows: two or three scorpions or centipedes are kept in a small bottle of rum; and when any one is bitten or stung, some of this rum is rubbed into the wound, and the cure is said to be almost instantaneous.

The pain of the scorpion sting, though most intense, seldom lasts longer than one hour. Children have died from it.

FRACTURES.

These are simple or compound, as they have an external wound leading to the broken bone or not.

Symptoms.—Pain, swelling, grating of the bones, and inability to move the limb.

In all cases, much good may, with care, be done by unprofessional persons until medical aid (which ought always to be sought) can be obtained. The treatment is comprised in *rest, position,* and *patience.*

Fracture of the Leg.—Straighten the limb by steady pulling, until it is brought, as nearly as possible, into the natural position; then apply splints (with moderately thick pads) extending, one on each side of the limb, from the knee to the heel, and retain them by a bandage from the foot upwards, or by two or three straps.

Fracture of Thigh.—Extend and straighten the limb as above, apply a padded splint from the armpit to a little beyond the heel, and another from the top of the thigh, inside to the heel, securing them both round the waist, thigh, and leg by bandages or straps.

Fracture of the Lower Arm.—Extend and straighten the limb as before, then bend the elbow at right angles; apply

one padded splint on the inside of the arm, extending from the elbow to the ends of the fingers, and one on the outside from the elbow to the back of the hand, securing all with a bandage or straps.

Fracture of Upper Arm.—First treat as already described, then apply padded splints in front and behind, with a bandage or strap all over, then place the arm in a sling, allowing the elbow slightly to drop.

Fracture of Collar-bone.—In this injury, the patient cannot raise his arm upwards to the head, the shoulder is flattened, and the broken bone is prominent.

Treatment.—A long cone-shaped firm pad should be placed well up in the armpit, the elbow should be pressed firmly down to the side of the body, and a bandage must then be applied over both shoulders, crossing in front and behind, and lastly round the chest, the whole arm being rendered immovable.

Fracture of Ribs.—The patient complains of a severe catch in drawing his breath, and also a grating sensation of one or more bones, which indeed may be felt, by applying the hand over the part complained of.

Apply a bandage at least eight or ten inches wide, and about six or seven feet long, tightly round the chest from the pit of the stomach to the armpits, and keep the patient at perfect rest for at least one or two weeks afterwards.

Compound Fractures, or those with external wound.—Endeavour by gently extending the limb to replace or put back the broken ends of the bone, if they project externally; apply a piece of wetted lint or cloth, or a paste made with one part carbolic acid, twenty parts of sweet oil, and sufficient chalk; over either of these, place a piece of oil-silk or waterproof sheeting, and then apply the splints and bandage as already described.

In all cases of fracture, care should be taken not to apply *the splints* too tightly, but with just sufficient firmness, to

keep the broken bones from grating or moving one upon the other.

The limb, when once set, and in good position, should not be disturbed, unless there is much pain, or unless the bandage has loosened, and the splints have shifted. If there is much pain and swelling, it is advisable to reduce them by cold water applications before applying the splints and bandages.

All splints and bandages should as a rule be kept on for five or six weeks.*

When the bones of the head are fractured, apply cold water cloths to the part, keep the patient perfectly quiet, and on low diet, and lose no time in sending for medical aid, as these cases prove most serious.

DISLOCATIONS.

These accidents if discovered and attended to at once, especially those of the shoulder, elbow, and hip-joint, may be repaired by unprofessional persons, although it is always advisable to obtain medical aid if within reach.

Dislocation of Shoulder.—The head of the bone is most frequently displaced into the armpit, the shoulder is flattened, the motions of the arm are abridged, its shape and contour are altered, and the elbow sticks out from the side. The patient also complains of great pain, and not unfrequently of numbness in the fingers. On raising the arm, the head of the bone can easily be felt as a hard round lump or ball in the armpit.

Treatment.—Place the patient on his back on the ground, and seat yourself by his side; then plant your unbooted heel firmly in the armpit; grasp the hand and wrist of the injured limb, pulling steadily towards you, while

* The ordinary bamboo split up, or thick millboard, forms an excellent substitute for the regular splint, and can be made of any size.

your heel is pushing in the opposite direction, and the head of the bone will glide into its socket with an audible snap.

Another method is to have your patient seated on a chair, and while pressing your bent knee (with the foot resting on the chair) well into the armpit, steadily depress the limb, when the head of the bone will glide into its place.

Dislocation of Elbow.—In this case there is much deformity, the joint is bent almost at a right angle, and is immovable, or nearly so.

Treatment.—Let one person take firm hold of the upper arm, and another of the wrist; then let each pull steadily against the other, while a third manipulates the joint by grasping it with his hands (the forefingers in front and thumbs behind). While this is being done, let the arm be bent suddenly (if possible unknown to the patient), and the bones will resume their natural position.

Dislocation of Wrist.—Apply extension and counter extension as above, till the contour and shape of the wrist are restored.

Dislocation of Fingers.—Apply round the upper part of the finger a loop of tape attached to a handkerchief, and pull steadily till the bone slips into its place.

Dislocation of Hip.—The limb is one and a half or two inches shorter than the other, the foot is turned inwards, the knee is slightly bent on the opposite thigh, and can with difficulty be moved from that position, and the hip is flattened.

Treatment.—Place the patient on his back on the floor, and whilst he is firmly held by the shoulders, grasp the foot and ankle firmly, and by gradual extension, parallel with the body, and rotation of the limb at the same time, the head of the bone will slip into its place, if the case is attended to immediately after the accident. But if some *time has elapsed,* more powerful measures must be adopted,

and these can only be satisfactorily managed by a skilful surgeon, who should be called in without delay.

Dislocation of Jaw is generally produced by yawning; the mouth is open and cannot be shut, the chin projects and is depressed, saliva trickles over, and articulation is more or less affected or impossible.

Treatment.—Place both thumbs, well protected by cloth, far back, on the last lower grinders, and press them firmly down, while the rest of the fingers outside, raise the chin upwards and forwards, and the jaw will slip into its place.

In all cases of dislocation, after the bone is replaced, a bandage should be applied and retained for a few days, otherwise there is risk of displacement again occurring.

EXTRACTION OF FOREIGN BODIES.

From the Skin.—Needles, splinters of wood, etc., are frequently imbedded in the skin, and cause so much irritation and pain, as to necessitate their removal. A very small incision or puncture will be quite sufficient to reach one end of the foreign body, which can then be pushed through the opening by pressure on the opposite end, and extracted or removed with the fingers, or a small pair of pliers. Needles, if unbroken, are easily extracted, by pressing the head (if detected) so as to push the point through the skin opposite.

From the Eye.—By keeping the eye still, and blowing the nose vigorously, foreign matter, such as sand or dust, may be washed away by the tears. If this fails, open the eyelids as wide as possible and examine the eye; if any foreign substance can be seen, it may be removed with a camel's hair pencil, or with the folded point of a soft handkerchief, or it may be washed away, by gently injecting a small quantity of tepid water, or by placing an eye cup with water over the open eye. But sometimes the foreign

substance is lodged inside of the upper eyelid, and in that case this eyelid must be everted by placing a probe or bodkin on its edge, and drawing with the thumb and fingers the eyelashes upwards and backwards. The irritating body if there, can then be easily seen and removed in the manner described.

In the absence of any assistance, these foreign substances may be dislodged, by raising the upper eyelid with the finger of one hand, then drawing it downwards and forwards over the under lid, afterwards removing the fingers, and thus allowing the lids to separate themselves.

From the Nostrils.—Breathing forcibly through the stuffed nostril, while the opposite one is compressed, will often succeed in dislodging the foreign body; syringing the nose with tepid water, or irritating it with snuff, will often produce the same effect. Failing these, introduce a small bent scoop, or the bent end of a hair pin, up the nostril, behind the offending substance, and, raising the handle, gently withdraw it, when the foreign body will pass out at the same time. These substances should never be pushed upwards and backwards into the throat.

From the Ears.—The same treatment as that last recommended for the nostrils may be here adopted, but more care is necessary to avoid injuring the drum of the ear. Simply syringing the ear will in most cases answer; the extrusion of the foreign body being assisted by keeping the affected side downwards. Insects may be dislodged by pouring a little oil into the ear.

From the Gullet.—Fish bones, needles, pins, and other small, sharp substances are frequently entangled at the back of the throat, while large solid bodies, such as portions of food, etc., are arrested and lodged in the passage further down. In both situations, and especially in the first, the fingers can usually reach the offending body to extract it. A sudden effort of swallowing water, or a good sized bolus of bread or rice, will sometimes dislodge the substance;

tickling the throat with a feather, so as to excite vomiting, may prove equally successful. If these measures fail, as they probably will when the foreign body is lodged down in the gullet, an instrument must be used to push it down. This may be made by securely fastening a bit of sponge to the end of a long piece of whalebone or thin rattan. The patient should be seated with his head thrown well backwards, so as to make the channel from mouth to stomach almost a straight line; the above instrument must then be pushed gently over the back of the tongue (during an effort at swallowing) into the gullet, until it comes into contact with the foreign body, which should then be cautiously pushed downwards into the stomach.

A painful sensation frequently continues for some time after a foreign substance has been dislodged from the throat or gullet, leading the patient to believe that the offending substance is still there. This sensation may be so great as to require the application of fomentations or a mustard poultice to relieve it.

Buttons, coins, brads, marbles, and other hard substances are often swallowed by children, and cause much alarm to the patient, but they generally pass through the bowels without doing any harm, and all that is required is a dose of castor oil to expedite their expulsion. When pins, needles, or other sharp-pointed bodies have been swallowed, the bowels *must not* be disturbed by purgatives.

From the Windpipe.—Foreign bodies here, if they are not dislodged quickly by the violent efforts nature herself exerts by coughing, cause serious and alarming symptoms. If they are not far down, they may be caught hold of, and removed by the fingers, or by a blunt hook. If this fails, and urgent symptoms, such as threatening suffocation, are present, the patient should be placed, face downwards, on a board placed on a table; the board should then be sud-

denly tilted forwards, the patient's back being at the same moment smartly tapped. This was the method which proved so successful, even after the windpipe was opened, in the well-known case of Brunel, the celebrated engineer, who inadvertently allowed a gold coin to drop into his windpipe. In all these cases professional aid should be instantly called in, as a surgical operation may be necessary to save life.

DROWNING.

This is the most common of all accidents in India, and in the list of deaths from unnatural causes, it occupies the first position. Wells and tanks are, with rare exceptions, the places in which this accident occurs, and every house and garden has one or more of these wells.

It not unfrequently happens that a body is removed from the well or tank within such a short time after immersion as to render it almost certain that life would be saved, if proper measures to restore animation were promptly adopted. These measures are simple, and the directions of the National Life Boat Association will be found most valuable if thoroughly carried out, as follows :—

To Restore Breathing.

To Clear the Throat.—Place the patient on the floor or ground with the face downwards, and one of the arms under the forehead, in which position all fluids will more readily escape by the mouth, and the tongue itself will fall forward, leaving the entrance into the windpipe free. Assist the operation by wiping and cleansing the mouth.

If satisfactory breathing commences, proceed to induce circulation and warmth. Rub the limbs upwards with firm *grasping pressure* and with energy, using handkerchiefs,

etc. Wrap the whole body in blankets or other warm covering. Put bottles of hot water or heated bricks to the pit of the stomach, the armpits, between the thighs, and to the soles of the feet, the patient meanwhile being placed on his side, but not on his back. If there be only slight breathing, or no breathing, or if the breathing fail, then

To Excite Breathing, Turn the patient well and instantly on the side, supporting the head, and exciting the nostrils with snuff, hartshorn, or smelling salts, or tickle the throat with a feather, etc., if they are at hand. Rub the chest and face warm, and dash cold water, or cold and hot water alternately on them. If there be no success, lose not a moment, but instantly

To Imitate Breathing, Replace the patient on the face, raising and supporting the chest well on a folded coat, or other article of dress. Turn the body very gently on the side, and a little beyond, and then briskly on the face again, repeating these measures, cautiously, efficiently, and perseveringly, about fifteen times to the minute, or once every four or five seconds, occasionally varying the side.

By placing the patient on the chest, the weight of the body forces the air out; when turned on the side, this pressure is removed, and air enters the chest.

On each occasion that the body is replaced on the face, make uniform but efficient pressure, with brisk movement, on the back, between and below the shoulder blades, or bones, on each side, removing the pressure immediately before turning the body on the side.

During the whole of the operation, let one person attend solely to the movements of the head and of the arm placed beneath it.

The first measure increases the expiration, the second commences inspiration.

Should these efforts not prove successful in the course of four or five minutes, proceed to imitate breathing by Dr. Sylvester's method, as follows :—

Place the patient on the back on a flat surface, inclined a little upwards from the feet; raise and support the head and shoulders on a small firm cushion, or folded article of dress, placed under the shoulder blade.

Draw forward the patient's tongue, and keep it projecting beyond the lips; an elastic band over the tongue and under the chin will answer the purpose, or a piece of string or tape, may be tied round them, or by raising the lower jaw the teeth may be made to retain the tongue in that position. Remove all tight clothing from about the neck and chest, especially the braces.

To Imitate the Movements of Breathing.—Standing at the patient's head, grasp the arms just above the elbows, and draw the arms gently and steadily upwards above the head, and keep them stretched upwards for two seconds.

(*By this means air is drawn into the lungs.*)

Then turn down the patient's arms and press them gently and firmly for two seconds against the sides of the chest.

(*By this means air is pressed out of the lungs.*)

Repeat these measures alternately, deliberately, and perseveringly, about fifteen times in a minute, until a spontaneous effort to respire is perceived; immediately upon which, cease to imitate the movement of breathing, and proceed to *induce circulation and warmth.*

The above treatment should be persevered in for some hours, as it is an erroneous opinion that persons are irrecoverable, because life does not make its appearance, persons having been restored after persevering for many hours.

Cautions.—Prevent unnecessary crowding of persons round the body, especially if in an apartment. Avoid rough usage, and do not allow the body to remain on the back, unless the tongue is secured.

Under no circumstances hold the body up by the feet.

When consciousness returns, give the patient light fluid

food, with a little wine, and let him rest completely for at least twenty-four hours, as he may have a severe fever, and will then be confined to bed for some weeks.

POISONING.

In almost every case of poisoning, the symptoms generally come on suddenly after eating or drinking, and they run their course so rapidly, that prompt and active measures must be at once applied, even by unprofessional persons, while no time is lost in obtaining efficient medical assistance.

When poison is suspected, the stomach should be cleared out without delay, by either of the following

Emetics.

Take of Common salt . . . one tablespoonful.
Mustard . . . . one teaspoonful. } Mix.

or,

Powdered ipecacuanha . twenty grains.
Tartar emetic . . . one grain. } Mix.

or,

Sulphate of zinc . . . twenty grains.

The emetic should be mixed with a tumblerful of warm water, and repeated three times at intervals of ten minutes, till free vomiting is induced, assisting or exciting this act if necessary, by tickling the throat with a feather or the fingers.

OPIUM POISONING.

Opium, either solid or liquid, as in laudanum, morphia, chlorodyne, etc., causes in poisonous doses, great drowsiness, deep stupor, quick breathing, rapid small pulse, and contraction of the pupil of the eye.

Treatment.—If the patient can be made to swallow, give

him one of the emetics recommended above, or if practicable, use the stomach pump; and after the stomach has been cleared out, give a tablespoonful of animal charcoal, mixed with water, every ten or fifteen minutes. Every possible effort must be made to keep the patient awake by trotting him about, splashing cold water over his head and shoulders, syringing the ears with water, applying snuff or ammonia to the nostrils, shaking and pinching him, and having tomtoms or other equally noisy instruments, sounded close to his ears. These measures must be persevered with until all symptoms of profound drowsiness have disappeared.

He may then have some strong coffee in small quantities: he should be kept warm, and allowed to have a short sleep of *about half an hour only.* A small quantity of brandy, or sal volatile, may be given during recovery, if the patient complains of much exhaustion, and a purgative of castor oil may be necessary afterwards.

Poisoning by stramonium, henbane, hemlock, and indeed almost all vegetable drugs, is treated in much the same way as the above.

ARSENIC.

This poison produces symptoms very like those of cholera; vomiting, purging, burning sensation in throat, great thirst, pain in stomach and bowels, cramp, and coldness of the extremities.

Treatment.—Give either of the above emetics at once; raw eggs and milk, or milk alone should be given in frequent draughts, both before and after the vomiting, followed by large quantities of magnesia mixed with water. The best known antidote for arsenic is *hydrated sesquioxide* of iron, a preparation somewhat similar in composition to the yellow-coloured rust, which forms when iron is fully exposed *to water and to air.*

Corrosive sublimate, sugar of lead, copper, and some other common mineral poisons, produce symptoms more or less like those of arsenic, and are to be treated in the same way.

When vitriol, or any other concentrated mineral acid, has been taken in poisonous doses, the best antidotes are chalk, soda, or soapsuds.

In poisoning by prussic acid, a teaspoonful of sal volatile in a glass of water should be given immediately.

LIST OF MEDICINES.

The following list includes almost every medicine that is likely to be required for ordinary use.

Ammonia Liquor.
Blister Liquid.
Camphor.
Chalk, Prepared.
Chalk Powder, Compound.
Chlorodyne.
Carbolic Acid.
Condy's Fluid.
Cream of Tartar.
Castor Oil.
Caustic, Lunar.
Dover's Powder.
Emetic, Tartar.
Ether, Sulphuric or Chloric.
Epsom Salts.
Ginger, Essence.
Gregory's Powder.
Grey Powder.
Ipecacuanha.
Jalap.
James' Powder.
Laudanum.
Magnesia.
Paregoric.
Peppermint Essence.
Quinine.
Rhubarb.
Sal Volatile.
Saltpetre.
Santonine.
Soda, Carbonate of.
Sweet Spirits of Nitre.
Sugar of Lead.
Sulphate of Zinc.
Tincture of Catechu.

TABLE OF THE DOSES OF MEDICINES REQUIRED FOR DIFFERENT AGES.

AGE.	COMMON DOSE ONE DRAM.	PROPORTIONATE DOSE.
Under 3 months	$\frac{1}{15}$ of a dram.	4 grains.
6 „	$\frac{1}{12}$ „	5 „
1 year	$\frac{1}{8}$ „	$7\frac{1}{2}$ „
2 „	$\frac{1}{6}$ „	10 „
3 „	$\frac{1}{4}$ „	15 „
5 „	$\frac{1}{3}$ „	1 scruple.
10 „	$\frac{1}{2}$ „	$\frac{1}{2}$ dram.
15 „	$\frac{2}{3}$ „	2 scruples.
20 „	Common dose.	1 dram.
60 „	$\frac{11}{12}$ „	55 grains.
75 „	$\frac{3}{4}$ „	45 „

ILLUSTRATION.

Suppose the ordinary adult dose of the medicine (rhubarb for example) to be twenty grains, the proportionate dose for a child above two and under three years of age would be five grains, or one fourth.

DIRECTIONS FOR ADMINISTERING THE MEDICINES.*

Liquor Ammoniæ.

A powerful diffusible stimulant, most useful in cases of snake bite. Dose, twenty drops in a glass of water, frequently repeated. Externally it is occasionally used to produce a blister, and in combination with olive or camphor oil (one part of liq. ammon. to four parts of the oil) it forms an excellent liniment for sore throats, etc.

It forms the principal ingredient in eau-de-luce, and is used to increase the pungency of smelling salts.

Blistering Liquid.

A convenient preparation for forming a blister quickly. The part to be blistered should be smeared or painted over with the liquid for a few minutes, and then covered with a layer of cotton wool. Blisters, if large or full, should be pricked with a clean needle, and a plantain (banana) leaf oiled, or lint soaked in salad oil, applied over them, or they may be covered with simple cerate spread on lint. Loose skin should not be cut away. The strangury, or difficulty in passing urine, frequently the result of a blister, may be remedied by copious drinks of rice or barley water, or linseed tea, and by hot fomentations over the bladder.

Calomel.

This medicine should not be given in regular or repeated doses, except under medical supervision. It is useful as an occasional purgative, and for this purpose the ordinary adult dose is four to six grains, alone, or combined with other purgatives, such as the compound extract of colocynth.

Calomel in combination with an equal quantity of powdered camphor destroys insects in foul festering sores; but even in these cases it must be used with caution.

* The doses specified are for adults. The proportionate doses for children may be ascertained by referring to the table, page 94.

CAMPHOR.

This medicine enters into the composition of several preparations (for internal and external use) in the Pharmacopœia, paregoric being the most important. It has been much extolled as a remedy for cholera if given early, thus :—Two drams of camphor dissolved in 1½ ounce of spirits of wine. Dose, two to four drops with rice water or syrup every five or ten minutes, till the purging or vomiting begin to abate.

Camphor julep or water is made by mixing a quarter of an ounce of camphor, in small pieces, with one pint of water. The bottle should be shaken occasionally for two days, and the liquid then filtered. A teaspoonful of sweet spirits of nitre added to the above causes a larger quantity of the camphor to be dissolved. Dose, half a wineglassful two or three times a day, as a gentle stimulant in cases of nervous depression, or when the stomach is irritable.

Camphor oil is made by dissolving, with the aid of gentle heat, a quarter of an ounce camphor in two ounces of salad oil, forming a useful liniment, to remove swelling after sprains, etc.; and when combined with strong liquor ammoniæ, in the proportion of four of camphor oil to one of ammonia, forms an excellent liniment for sore throat. Spirits of wine or brandy may be substituted for the salad oil in the above liniments.

PREPARED CHALK AND COMPOUND CHALK POWDER.

Antacid and astringent. Most useful for infantile diarrhœa, arising from teething or undigested milk; and may be either given alone in doses of four to five grains for a child under one year, or in the form of compound chalk powder or mixture.

Externally it is used in fine powder in the treatment of burns, and as a dusting powder in moist excoriations in *children.*

CHLORODYNE.

This deservedly popular medicine is most useful in many ailments. For diarrhœa, either simple or as the premonitory symptom of cholera; for colic, or pains in the stomach or bowels; for nausea and vomiting; for pains in the chest, or oppression in the breathing, as in asthma, etc.; for pains of a neuralgic character in the head, and for sleeplessness —this medicine, if judiciously administered, will be found most beneficial.

The only cautions to be observed are:—1. Not to repeat the dose at less intervals than two or three hours. 2. Not to give more than three or four doses during twenty-four hours without medical advice. 3. Not to give any at all if there is pain with a sense of fulness in the head, or if there is flushing of the face; and 4. Not to continue the medicine if it disagrees with the patient, as it sometimes does.

Dose.—Twenty-five to thirty drops in half a wineglass of water; and for children, one drop for every year of age.

The following recipe will be found to answer all the purposes of the chlorodyne ordinarily sold as a patent medicine.

Take of	Chloroform	four drams.
	Sulphuric ether	two drams.
	Treacle	one dram.
	Mucilage of gum arabic	one dram.
	Muriate of morphia	eight grains.
	Diluted hydrocyanic acid (2 p. c.)	two drams.
	Oil of peppermint	four to six minims.

Mix.

A still more easily prepared and convenient chlorodyne, and one quite as useful as the patent medicine, may be made thus:—

Take of	Chloroform	one dram.
	Essence of peppermint	one dram.
	Sal volatile	one dram.
	Laudanum	one dram.
	Syrup of poppies or treacle	four drams.

The dose of both these preparations is the same as that given. Chlorodyne should always be kept in *glass-stoppered* phials.

Carbolic Acid.

Used externally in the treatment of wounds, especially when there is much suppuration. It must be mixed with glycerine or with linseed oil, in the proportion of one part of the acid to twenty parts of the glycerine or oil. It is also used for skin eruptions, and proves beneficial in removing dandriff, or in allaying the irritation, so often attendant upon cutaneous affections. For such cases it must be used in a very diluted form (one part of the acid to forty parts of oil or cerate). As a disinfectant it should be mixed with water (1 to 100), and is thus used for washing floors, utensils, and clothes, or indeed any place or thing in which foul matter exists.

Condy's Fluid.

This is chiefly used also as a disinfectant, and in the same manner as carbolic acid. It may be placed in saucers, sprinkled over the apartments, or cloths soaked in it may be hung up where contagious disease is present.

Two or three drops of the fluid, added to each gallon of water requiring purification, will render the water quite fit for drinking purposes.

Caustic (Lunar),

Chiefly used for external application to wounds, unhealthy in appearance, or with redundant proud flesh (granulations). In wounds produced by the bite of a dog, or cat, or other animal, caustic should be immediately applied, pressing it well into the bitten part. Caustic is a remedy of great value in certain cases of persistent chronic dysentery, and also in some stages of purulent ophthalmia, but as a rule it ought *in such cases* to be used only under medical advice.

Castor Oil.

The simplest and safest of all purgatives for all ages. One or two teaspoonfuls are generally quite sufficient to relieve constipation. It may be taken alone, or floating on water; or it may be rubbed up (for infants) with a little tepid water and sugar. It is a valuable remedy in those cases of diarrhœa or dysentery which are caused by constipation or by irritating substances in the bowels (See pages 41 and 52). Externally it soothes the irritation produced by skin eruptions, and allays the itching, stinging sensation caused by musquito bites.

Cream of Tartar.

An agreeable cooling purgative and diuretic. One teaspoonful of cream of tartar, one tablespoonful of sugar, and one lime or lemon cut up, mixed with a pint of water forms the "imperial drink," so refreshing in hot climates and in fever. In combination with an equal part of sulphur, it is a most useful and safe gentle aperient for those affected with hæmorrhoids or piles, the dose of the preparation being one teaspoonful in milk or water.

Dover's Powder.

A valuable sudorific or diaphoretic, anodyne and sedative; used in fever, diarrhœa, dysentery, cough, rheumatism, colic, and pain anywhere except in the head. The adult dose is from five to ten grains, alone, or with four grains James' Powder, when the object is to promote perspiration. This dose taken at bedtime, along with a large draught of warm barley or rice water, will often prove effectual in cutting short a common cold or simple fever.

Emetic Tartar,

Chiefly used as an emetic in doses of one grain. It is generally combined with twenty grains of powdered

ipecacuanha, mixed with a glass of water, followed a few minutes afterwards by copious draughts of tepid water. If vomiting does not soon occur, it may be excited by tickling the throat with a feather, etc.

The above dose is recommended at the outset of fever or in the cold stage of ague, if the tongue is foul or coated ; it may be also used to remove from the stomach any indigestible substance or poison, when no more speedy emetic is at hand.

ETHER (SULPHURIC OR CHLORIC).

Stimulant and antispasmodic; specially useful for relieving nervous headache, depression of spirits, hysterical symptoms, spasmodic asthma, colic, etc. Dose, half dram to one dram in plain or peppermint water, and may be combined with sal volatile, or camphor water.

EPSOM SALTS.

Purgative in large and alterative in small doses. Dose, one dram to one ounce; seldom used as a purgative in India, and ought on no account to be taken as such during the prevalence of cholera. As a simple tonic aperient to act gently on the bowels, and to assist in removing impurities from the blood, the following mixture is recommended.

TONIC APERIENT.

Take of	Epsom salts	one ounce.
	Sulphate of iron . . .	half dram.
	Sulphate of quinine . . .	onescruple.
	Diluted sulphuric acid . .	two drams.
	Water	eight ounces.

Mix and take a tablespoonful two or three times a day.

GINGER (ESSENCE).

Aromatic and stimulant; dose fifteen to twenty drops in water, to relieve flatulency, colic, and to assist the action of *such purgatives* as magnesia, rhubarb, etc.

GREGORY'S POWDER,

Composed of magnesia, one ounce; rhubarb, two drams; and ginger, one dram. One of the safest, simplest, and most efficacious of all purgatives, specially useful for children, where there is irritation in the bowels with acidity of the stomach. Dose for adults, two scruples to one dram, *shaken* with about half a glass of plain or peppermint water; for a child one or two years old—ten to fifteen grains.

GREY POWDER.

A preparation of mercury with chalk, to be used cautiously and rarely except under medical advice. Most commonly given to children for dysentery, diarrhœa (when the stools are clay coloured), and fever. It is generally combined with Dover's powder, James' powder or carbonate of soda. Dose for a child five years old, three grains.

IPECACUANHA.

Emetic in large and expectorant in small doses. As an emetic the adult dose is twenty grains, given alone, or with one grain tartar emetic. This dose may be taken at the commencement of fever, and those diseases generally where the tongue is coated, or foul, or where there are other indications of a foul stomach.

In tropical dysentery, no single remedy proves more frequently successful (see Dysentery, page 50).

As an expectorant it is given in the more convenient form of ipecacuanha wine, for catarrh, bronchitis, hooping cough, asthma, and those affections of the chest generally where it is desirable to "loosen the phlegm," so as to facilitate its expulsion or expectoration. The adult dose of ipecacuanha wine, as an expectorant is one to two drams, alone or combined with honey or syrup of squills. For the occasional

dry cough of children, it is especially useful, and for this purpose the following simple mixture is recommended :—

COUGH MIXTURE.

Take of Ipecacuanha wine . . . half ounce.
Antimonial wine . . . half ounce.
Syrup of squills or tolu . . one ounce.
Mix : dose for a child five years old, a small teaspoonful in barley water two or three times a day.

Powdered ipecacuanha made into a paste with liq. ammoniæ or liq. potassæ applied externally, relieves the severe pain produced by the sting of scorpions, centipedes, etc.

JALAP.

An active purgative; relieves constipation, due to a torpid or loaded condition of the bowels; best given in combination with other substances, as follows :—

PURGATIVE POWDER.

Take of Magnesia . . . . . one dram.
Rhubarb . . . . . fifteen grains.
Jalap . . . . . fifteen grains.
Ginger . . . . . four grains.

In the form of compound powder of jalap it is used for certain kinds of dropsies, the dose of this preparation being one to two drams.

JAMES' POWDER.

Sudorific, febrifuge, and sedative; given in fever to promote perspiration, and to reduce the frequency of the pulse.

Dose, from four to six grains, alone or with Dover's powder, quinine, etc. It should be given with syrup, honey, or jelly, *not* with water.

LAUDANUM, OR TINCTURE OF OPIUM.

Narcotic and anodyne; most useful in diarrhœa, dysentery, *the first* stage of cholera, colic, and for relieving

pain generally, wherever situated, for procuring rest, and allaying irritability of stomach.

It should not be given, without medical advice, to persons with tendency to determination of blood to the head, or to those suffering from congestive headache.

Dose for adults, fifteen to twenty drops; and for children, one drop for every year of age.

Externally it is valuable in relieving pain, and may be applied by friction, or by laying a piece of lint or cloth soaked in it, over the part affected, or the laudanum may be combined with an equal quantity of chloroform, or three parts more of soap liniment, or camphor oil.

Two or three drops locally applied often give relief to earache or toothache.

Laudanum is also used with great benefit, by injection into the bowels in cases of dysentery attended with great straining, the dose being the same as that internally.

MAGNESIA.

A safe and gentle purgative, especially for children, when there is irritation in the bowels with acidity of stomach. It is particularly useful in those cases of infantile diarrhœa, caused by undigested milk in the stomach and bowels, and for this purpose it is best given in the form of a carminative mixture, as follows:—

Take of	Magnesia	two drams.
	Rhubarb	five grains.
	Sal volatile	twenty drops.
	Tincture of assafœtida . .	ten drops.
	Essence of aniseed . . .	ten drops.
	Dill or peppermint water . .	two ounces.

Dose, a small teaspoonful, two, three, or four times a day.

Magnesia in small doses sometimes proves beneficial in those eruptions of the skin (pimples) more especially about the nose, chin, and forehead, which are not unfrequently caused by acidity of stomach. Dose of magnesia for adults, *one dram* mixed with water or milk.

PAREGORIC.

A preparation containing opium and camphor, etc., one ounce of paregoric containing one grain of opium. Chiefly used for coughs or simple catarrh; most useful in allaying the tickling sensation in the windpipe, which provokes cough and disturbs respiration.

Dose, one to two drams, with simple syrup, or honey, or it may be combined with expectorant doses of ipecacuanha wine.

ESSENCE OF PEPPERMINT.

Cordial and carminative; relieves flatulency, puffiness of stomach, and griping. Dose, fifteen to twenty drops.

QUININE.

Tonic, febrifuge, and antiperiodic. As a tonic it is beneficial in all cases of debility, however produced; it promotes digestion and secretion, gives tone to the heart in constitutions enfeebled from disease or from climate, and the pulse becomes smaller but stronger under its use. It may be given with wine, or combined with iron if there is pallor of the features.

As a febrifuge, it is a specific, and no remedy is equal to it in those fevers and other diseases, the attacks of which come on in paroxysms, or at fixed intervals; even in fevers, where there is no distinct remission, it is often used with the greatest benefit.

The best time for its administration is during the remission or intermission, or when the fever has somewhat abated, when the skin is moist and the pulse soft. For ague it should then be given in full doses,—fifteen to twenty grains in a wineglassful of water, with half a dram diluted sulphuric acid, or the juice of one small lime; and this dose may be repeated two or three times during twenty-

four hours, or until some degree of deafness or uneasiness in the head is complained of. As a rule, quinine should not be given when there is high fever, when the pulse is quick and full, or when the stomach is foul. The efficacy of quinine in fever is ensured by previously giving an emetic, or a simple purgative, or both, if there are any indications of disordered stomach and bowels. Quinine should not be continued if there is vomiting, severe headache, flushing of the face, or delirium.

For tic-douloureux and neuralgia, wherever situated, quinine is invaluable, and may be given in doses varying from two to five grains, alone or with five drops tincture of aconite.

Quinine is also believed to possess some value in preventing ague, and many persons living in malarious districts, take with their meals one grain of quinine to counteract the effects of the malaria.

In persons who are liable to be affected with crops of boils, so common in India, a full dose (ten grains) of quinine taken immediately on their threatening to appear will sometimes arrest their progress.

Dose of quinine as a tonic, one to three grains; as a febrifuge and antiperiodic, five to twenty grains.

RHUBARB.

A mild purgative in full doses and an astringent in small doses. When used alone as a purgative, the dose is twenty grains, but as such, it is generally combined with magnesia and ginger, forming Gregory's powder, or with jalap and carbonate of soda. In dyspepsia attended with flatulency and an irritable state of the bowels, five grains of rhubarb, with the same quantity of carbonate of soda and one or two grains of ginger, taken once a day, will be found very useful.

In doses of one or two grains, rhubarb acts as an astringent, and proves beneficial in obstinate cases of diarrhœa in children.

Sal Volatile.

A diffusible stimulant, and antispasmodic; relieves nervous headache, giddiness, fainting, lowness of spirits, and hysterical symptoms generally, when produced by debility or any depressing cause. Dose, twenty-five to forty drops in half a glass of plain or camphor water. In cases of snake bite, or scorpion sting, it may be given in the above dose every fifteen or twenty minutes, to rouse the patient from extreme depression.

Saltpetre or Nitre.

Diuretic and febrifuge; given in doses of from five to ten grains it promotes the secretion of urine in dropsies, its action being improved by other diuretics, as cream of tartar, sweet spirits of nitre, etc. It is most useful in encouraging perspiration in fever, and, when combined with small doses (half dram) of Epsom salts, it has a beneficial effect in cutaneous eruptions (pimples) on the face.

Externally it is used with an equal quantity of sal ammoniac, dissolved in water, as a cooling lotion, for sprains attended with pain and swelling, and in the form of sal prunella balls it is an excellent remedy for hoarse sore throat.

Santonine.

One of the best of all remedies for removing round worms from the intestines. Dose for adults, five to seven grains, given at bedtime; the same quantity early next morning, followed one hour afterwards by a dessert-spoonful of castor oil. The dose for a child one year old is, one to one and a half grains, repeated as above.

It is also useful for removing the small thread worms which infest the lower part of the bowels of children, and for this purpose three grains, dissolved in half a wineglass*ful of water, should* be injected into the bowels.

Santonine frequently causes the urine to be stained of a deep reddish colour, and the vision is sometimes so affected as to make all objects appear of a greenish yellow tint.

SODA (CARBONATE OF).

Antacid. Arrests acidity of the stomach and the flatulence caused by it; most useful in heartburn and in those cases of dyspepsia which are attended with sour eructations and flatulency. Dose, from fifteen to twenty grains.

The ordinary effervescing draught is made by dissolving half a dram of carbonate of soda in half a tumbler of water, and adding twenty grains tartaric acid, or a dessert-spoonful of lime juice.

SUGAR OF LEAD.

Astringent and sedative; especially useful in obstinate diarrhœa and dysentery, and also for hæmorrhages from the stomach, bowels, or lungs. Dose, four to six grains, in a tablespoonful of water, with a teaspoonful of vinegar.

Externally, it is used as a lotion, for bruises and sprains, as well as a collyrium for the eye, in which latter case it must be used with caution.

SULPHATE OF ZINC.

A safe and speedy emetic, producing immediate vomiting, in doses of fifteen to twenty grains, and specially useful in cases of poisoning. As a safe lotion for simple ophthalmia, with discharge from the eyes, ten to twenty grains may be dissolved in six ounces of plain or rose water.

SWEET SPIRITS OF NITRE.

Diuretic, febrifuge, antispasmodic, and stimulant; promotes the flow of urine, encourages perspiration, and is useful in hysteria and in simple catarrh. It may be given alone in doses of one dram, or may be combined with other diuretics, as nitre, squill, etc., or with ipecacuanha wine and paregoric, when used for children's coughs.

Tincture of Catechu.

The simplest and safest of all astringents for diarrhœa, resulting from a relaxed state of the system generally, from injudicious diet, from suppressed perspiration, or as the premonitory symptoms of cholera.

Dose, one dram, either alone or combined with aromatics, opiates, etc., as in the recipes pages 40 and 47.

As a safe and efficacious remedy for simple diarrhœa in young children, the following is recommended :—

Astringent Mixture.

Take of Tincture of catechu . . . . four drams.
Compound chalk mixture . . one ounce and a half.
Mix, and give one teaspoonful after each loose motion.

Laudanum or Chlorodyne (one drop for every year of age) may be added to each dose of the above, if diarrhœa persists.

SUPPLEMENT

ON THE

MANAGEMENT OF CHILDREN IN INDIA.

DURING the earlier years of life, that is till the age of seven or eight, European children, enjoy on the whole, as good health on the plains of India as they do in England. They are less liable to severe attacks of such diseases as scarlatina, diphtheria, measles, hooping cough, etc., and when they do suffer from them, the attacks and the secondary effects are generally much less serious, while the mortality is much less also.

It is during the first year of life that the European child requires the greatest care and watchfulness; not merely such as are required in England, but specially with a view to guarding against the mischievous practices too often resorted to by native female servants,—amahs and ayahs,—practices which too often seriously damage the health of the child, and not unfrequently even sacrifice it altogether.

Taking the infant then from its birth, it may be laid down as a general rule, from which there are but rare exceptions, that it ought not to be nursed oftener than once every two hours during the first two months,—once every three hours during the next two months,—and once every four hours afterwards, until the teeth begin to appear, and it has become able to take more solid food. More children are unhealthy, weak and ailing, from being irregularly fed, than from any other cause. They are fed sometimes every few minutes, awake or asleep, whenever they cry, or appear restless or uneasy, under the mistaken impression, that this will cause them to grow up robust and healthy. Nothing, however, can be more injurious,

and the reason is so obvious, that it is surprising that mothers, otherwise intelligent, do not at once perceive it: the admission of fresh milk into the infant's stomach, while the previous milk is undergoing digestion, impeding, if it does not arrest, the digestive process altogether.

The half-digested milk, in the form of curd, is, under such circumstances, either vomited, or passes without further change into the bowel, causing in nine cases out of ten, griping, flatulence, diarrhœa, dysentery, and not unfrequently convulsions. The infant in fact, so far from being nourished, is simply being slowly poisoned. It is all important then, that the nursing should be so systematically arranged that the infant should have its food at fixed times, and only after the definite intervals, already *specified*, in accordance with its age.

If the infant wakes up and cries in the intervals, on no account let it then be nursed, but let it have some sweetened milkwarm water either from a feeding bottle or from a spoon.

The young mother must guard against the officious and mischievous practices of native nurses, who too often persist in feeding the baby whenever it cries, even within half an hour of the previous feeding; the poor little infant is often kept constantly at the breast at all hours of the day and night, the nurse, and perhaps even the mother, being quite oblivious of the fact, that the crying is as frequently an indication of repletion as of hunger. During the night, an infant should not be nursed as frequently as during the day. Twice or thrice in the course of the night are sufficient at first, but after the first month, twice is quite enough, that is, late at night and early in the morning. Frequent nursing during the night is most injurious to mother and child. It interferes also with sleep, doubly here, "nature's sweet restorer," for it is during sleep that nature is busy at work in storing up the material for the benefit of the infant. In the above remarks, it is taken for

granted that the infant is solely nursed by its mother; and every mother, if she is tolerably healthy in body and mind, ought to nurse her own child. It frequently happens, however, that from feeble health, or owing to an attack of illness or other causes, the mother is either entirely unable to nurse, or her supply of breast milk is insufficient in quantity or poor in quality. It is under such circumstances as these that the all important question arises: Shall a wet nurse be employed, or shall the infant be brought up by hand feeding?

If the mother is at all able to nurse her infant, however imperfectly, that is, if she is healthy and her milk is of good quality, though not sufficient in quantity, she certainly ought to continue to do so, even if she has no hope of being able to go on permanently. The breast milk can be supplemented by other food to be hereafter specified. The infant will generally thrive well under this method, while the mother will have the satisfaction of performing a duty which she naturally feels most reluctant to relegate to another.

If, however, the deficiency in the mother's milk is due to impaired health, or if there is a total inability to nurse, owing to the state of the breast, or any other cause likely to affect the infant's health, then the safest and wisest course unquestionably, is to engage a wet nurse, and the earlier this is done the better.

In selecting an amah, or dhai (wet nurse), the family medical attendant ought to be consulted, if possible; but as there are many Anglo-Indian parents far beyond the reach of any doctor, a few rules and hints may be given here, which may assist in making a judicious selection.

1st. The age of the amah should as nearly as possible correspond with that of the mother, except where the mother is either very young or very mature, when the amah ought to be a few years older than the first, and some years younger than the second.

2nd. The amah's own child should be as nearly as possible the same age as the child for whom she is engaged.

3rd. The general appearance and proportions of the body of both mother and amah should resemble each other as closely as possible, except when there are in the former manifest indications of impaired health. An amah may, however, have all the appearance externally of robust health, and yet turn out to be quite unfit for her duties.

If she is moderately plump, has a fresh clear complexion, clear cheerful eyes, deep red coloured lips, well formed moderately firm breasts, with nipples free from soreness or eruption, she possesses all the external indications of a suitable amah. "Violence of temper, sluggish indolence, or extreme nervousness of disposition, intemperance, want of truthfulness, inattention to order and cleanliness, and other moral defects, are insuperable objections when they are conspicuous. Sound health, a robust constitution, freedom from any hereditary taint, cheerfulness and presence of mind, orderly, neat, and temperate habits, patient kindliness and good humour, and above all, spontaneous activity and innate liking for children are of the very first importance." But perhaps the best of all tests is the condition of the amah's own child. If it is robust, plump, active, bright and clean, with a spotless skin, the indications are decidedly favourable.

But in thus judging, be sure that the child produced is in reality the offspring of the amah. It is no uncommon thing for amahs to borrow children from their friends, in order to deceive the lady engaging them, or even the doctor appointed to examine them. I have known women present themselves as amahs, when in reality they were either pregnant themselves, or when their own child was upwards of a year old, and when they had little or no power to nurse a baby.

In all cases the amah should be made to draw off half a

wineglassful of her milk at her first examination *in the presence of the mistress,* every attention being at the time paid to the nature of the flow. The good quality of the milk may be judged of, by the absence of any odour, by its blueish white color, by its light cloudy appearance when dropped into water, and by its not sinking to the bottom in thick drops.

The amah, before entering upon her duties, should be ordered to have herself thoroughly washed with soap and water, she must be forbidden to chew betel, to smoke or to drink toddy or arrack, or any other intoxicating beverage. The greatest care and watchfulness are required on the part of the mother, in order to ensure that her child shall receive not only its due amount of nourishment, but also that it receives it in the regular, definite and systematic manner already referred to.

In the absence of any other indication of a good flow of milk from the amah, the mother, when at all suspicious or doubtful, should occasionally judge for herself, by making the amah, in her presence, draw off some milk into a glass before commencing to nurse the child. I have known amahs persist in placing a child to the breast, when there was, not only no milk there, but when there was also no possibility of any being then there. Indeed, some of the worst cases of infantile wasting that I have seen in India, were discovered to be the result of simple starvation only. The infant was placed frequently to the breast by the amah, when its fruitless efforts to obtain nourishment soon exhausted it and lulled it into sleep; the amah well knowing that she was useless as such, but leading the mother all the time to believe that she had plenty of milk, and that the child's sleep was that of satiety.

But perhaps the most pernicious of all habits of these amahs, is that of administering narcotic drugs to infants with the object of inducing sleep, and thus relieving them of some part of their duty. The bazaars of India and even

the gardens round European houses, offer facilities for obtaining any quantity of the most dangerous drugs, and it is astonishing how well their noxious qualities are known to natives generally. I have known instances, where the amah or the ayah for obvious reasons, has given narcotics, concealed under one of their finger nails, under the pretence that they were quieting the child by allowing it to suck her finger. Suspicion may fairly be excited, whenever the child becomes listless, apathetic, or disinclined to take the breast, without any apparent or obvious cause, and the correctness or otherwise of this suspicion, may be tested by removing the baby at once from the care of the amah or ayah, for one or two days, giving some simple milk and water in the meantime. If the suspicion prove to be well grounded, the amah must be dismissed forthwith, and another one substituted, or if the baby is healthy and not too young, recourse may be had to artificial or hand feeding.

Hand Feeding.

Many children thrive uncommonly well when brought up even entirely by hand. The mother may be quite unfit to nurse, and a suitable substitute may not be procurable. Moreover, some mothers have a deep-rooted and unconquerable prejudice against entrusting their infants to native wet nurses.

In order to ensure success in hand feeding, two things are essential: 1st. A healthy condition of the infant; for if at all feeble and delicate, hand feeding will probably fail, and do more harm than good. 2nd. Unremitting care and attention, as well as some self denial, on the part of the mother, to see that her infant is regularly and systematically fed, that the food is in every respect properly prepared, and that the feeding bottles are kept scrupulously clean. Very few native servants can be entirely trusted with this duty, without the direct personal supervision of the mother, for *they can never* be made to bestow that attention to punc-

tuality, cleanliness and exactness in quantity, which are essentially necessary to success. It is especially during the first two months, that there is the greatest difficulty and risk in hand feeding. If the mother, therefore, is at all able to nurse her infant during this early period, however imperfectly, she ought to do so, as before stated.

The great secret, if secret it can be called, in selecting the most suitable food for an infant, is to imitate nature as closely as possible. Human milk is of course the most perfect of all foods for infants, and there is no other food with precisely the same constituents. The nearest approach to it is found in the milk of the ass, and when procurable, it ought always to be given. Goat's milk stands next, and last of all the milk of the cow. In India there is seldom any difficulty in procuring either an ass or a goat in milk, and there is little or no trouble in keeping them. In either case, ass or goat, the milk should be given fresh drawn, and not after it has been allowed to cool, but neither the first nor the last drawn milk should be given. It should be mixed with an equal quantity of water for an infant under one month old, gradually diminishing the quantity of water as the child grows older. When neither asses' nor goats' milk are procurable, good cow's milk must be used, and if possible the milk of the same cow. If the infant is being nursed by the mother, but not sufficiently for its requirements, the cow's milk may be commenced by giving one teaspoonful with one or two wine-glassfuls of lukewarm water. This should be continued for two or three days, when the quantity of milk should be doubled, so increasing the proportion of milk every two or three days, till the proportion is one part (half a wine-glassful) of milk to three parts (one and a half wine-glassful) of water. The great mistake, and the almost invariable cause of failure, is commencing at once with such a large quantity of milk, that the delicate stomach is unable to digest it. The *milk is probably* condemned forthwith, instead of the

injudicious system in giving it. By adopting the graduated or progressive plan above recommended, if the milk disagrees, it will in all likelihood do so at the very outset, by causing flatulence, diarrhœa, or vomiting, when it can at once be stopped. If, however, it causes neither of these symptoms, which are really the only indications of its unsuitableness, the proportion of milk to water above specified, viz., one to three should be continued till the end of the first month. Equal parts of milk and water may then be given during the second month, and the proportion of water may then be gradually diminished and replaced by milk till about the sixth month, when pure undiluted milk should be given and continued till the first teeth make their appearance.

As a rule milk fresh from the cow is best, though occasionally it will be found, that milk that has been simply scalded (or even boiled and skimmed after cooling) will agree better. As fresh milk during the hotter months of the year in India very soon turns sour, it is advisable to have that portion which is reserved for the night, scalded or boiled, and skimmed. Even although some slight diarrhœa or flatulence may come on while cow's milk is being given to an infant, the milk need not be too hastily condemned. A teaspoonful of lime water (made from lime shells) with each wineglassful of milk may often be of great benefit to remedy this. Occasionally constipation of an obstinate character occurs, but this is easily rectified by occasional doses of castor oil, or calcined magnesia, or by both combined, or by gentle friction over the centre of the abdomen with castor oil, or by a soap suppository. See page 133.

The milk should always be sweetened with good crystallized white sugar, or with the sugar of milk sold by chemists.

The condensed milk, Swiss or Aylesbury, is a very convenient substitute for fresh milk, when such cannot be procured at all, or in sufficient quantity, but it cannot be relied *upon, as the sole* article of food for any length of time.

No other food than milk, should be given until the child is about six months old, or till the first teeth appear. Farinaceous substances given during the early months, are positively injurious, and must therefore be religiously avoided; but after the age of six months they may be commenced, gradually at first, the food consisting of a mixture of some farinaceous substance with the milk, twice a day only. The quantity may be steadily increased until all the meals are prepared with it. Corn flour, Robinson's patent groats, baked wheat flour, "semola" and bread crumb, are about the safest and most nourishing farinaceous food that can be given. Arrowroot, sago, and tapioca, all contain such comparatively small proportions of genuine flesh-forming nutriment, that they should never be used constantly. A child fed exclusively on these last-named substances, will commonly get fat, but it certainly will not get strong and healthy. The mother is too often deceived by this obese condition of her infant; and no one is more eloquent in praise of these very substances as food, than the ayah, who will do all she can to persuade her mistress, that they are the very best foods for "baby."

Almost all the substances advertised as "Food for Infants" are neither more nor less than rice flour, arrowroot, potato starch, baked flour, etc., sweetened with sugar. Some of them are very good, but the objection to them is our want of knowledge of their exact constituents. It is much better therefore to give such food, the precise nature of which is perfectly well known. Baked flour, corn flour, crumb of bread, and Robinson's patent groats afford ample scope from which to select. Flour is baked by placing it in an oven, or on a clean dry frying pan over a fire, until it becomes of a light brown colour. It is then reduced to powder and kept in tins. Crumb of bread may be baked in the same way. Another good way of preparing the flour, is to tie up some ordinary wheat flour tightly in a cloth, and boil it for three or four hours in water; if then

taken out, and the outer rind removed, the inside, which will be found dry, may be reduced to powder.

In preparing the food, mix one tablespoonful of either of the above substances, with as much cold water, as will bring it into the consistence of cream; then pour over it about three-quarters of a pint of boiling milk, or milk and water, and boil it for ten minutes, stirring all the time, then add about a dessert-spoonful of sugar. Food is made with rusks, by boiling them for an hour in water, after which they must be well beaten up, and mixed with the milk, sweetened with sugar. But perhaps the simplest, safest, and handiest of all farinaceous food for children is the ordinary stale bread crumb. Cut up the bread in pieces, free from crust, and pour boiled milk over this, keeping the vessel covered for about five minutes.

The food recommended by Liebig (and known by his name) as equivalent in nourishing property to that of human milk, is prepared as follows:—one tablespoonful of wheaten flour, one dessert-spoonful of malt flour, seven and a half grains bicarbonate of potash, and one ounce of water, are to be well mixed; five ounces, or two and a half wine-glassfuls of milk, are then added, and the whole put on a gentle fire. When the mixture begins to thicken, it is removed from the fire, stirred during five minutes, heated and stirred again, till it becomes quite fluid, and finally made to boil; when, after being passed through a sieve, it is ready for use. By boiling it a few minutes it loses all taste of the flour. When the food is properly prepared, it is as sweet as milk, and any further sweetening is unnecessary. After boiling, it will keep twenty-four hours without undergoing any change.

If constipation is troublesome, the baked flour may be mixed, previous to being baked, with oatmeal or Robinson's patent barley, double the quantity of flour to oatmeal being used. A teaspoonful of this compound, boiled with *about two* wine-glassfuls of milk or milk and water, and

sweetened, forms a most excellent and nourishing food for infants.

If the bowels are relaxed, good arrowroot may then be given, and should be prepared as follows:—Mix a table-spoonful of arrowroot with sufficient cold water to make it of the consistence of cream, then pour over it boiling toast-water, till it becomes the thickness of a moderately firm jelly. Recently boiled milk should then be added in sufficient quantity to thin the food, according to the age of the child. Another simple food, when the bowels are inclined to be relaxed, is prepared by mixing a dessert-spoonful of fine flour with about two wine-glassfuls of water; this should be poured into the same quantity of milk, as soon as the latter begins to boil, stirred for a few minutes, and sweetened in the usual way.

In bringing up an infant by hand, the feeding bottle ought always, during the earlier months, to be used. It is the most natural, and satisfies and comforts the child in a way no other method will do. Moreover, the very action of sucking, causes the food to be taken more slowly and regularly, and is less likely to cause the troublesome flatulence, which is so frequently induced, when the food is given by the spoon or by "boat."

The best feeding bottle is that known as "Stocker's Patent Crystal Union," manufactured by Brooks & Co., London. It is distinguished from all others by an ingenious crystal union between the nipple and the top of the India rubber tube. The transparency of this union enables the nurse to see at once, whether or not the food is passing freely from the bottle, along the entire length of the tube, without removing the nipple from the child's mouth.

As the success of hand feeding depends to a great extent on these bottles and their tubes being kept scrupulously clean, they ought never to be entrusted entirely to native servants. Every time that they have been used, the

tubes should be immediately afterwards taken to pieces, the nipples detached, and the whole well cleaned, by passing fresh clean water through them, and using the little brush sold for this purpose. They should then be placed in a vessel (a finger-glass answers well) containing clean water, and allowed to remain there till again required. The bottle should be well washed out immediately after being used, (once a day with tea leaves), keeping the bottle full of water till again required. Too much care cannot be taken in this respect, for the least particle of milk, unremoved from the tubes or bottle may, and often does, cause the subsequent food to be refused, or, if taken, to disagree; and few native servants will ever pay the requisite attention to these details unless supervised by the mistress.

The proper quantity of food for an infant must be determined by its age and constitution. Some infants require considerably more than others of the same age; while the quantity which can be easily digested by an infant when in health, will disagree with it when sick. Above all things, over-feeding must be avoided. This is the most common cause of flatulence, vomiting, and diarrhœa, and it is, further, the most frequent cause of failure in hand-feeding. It is the safer course to give rather too little than too much, for the obvious reason that the little will be well digested, and afford more nourishment, than the quantity when given in excess. The infant will, as a general rule, take just what it wants, and then it will withdraw its mouth from the nipple. Be guided then by this indication, and do not force it to continue. Do not be afraid of its starving itself; the danger lies in the opposite direction.

As a summary to the preceding remarks, the following rules, (modified to suit the climate of India), drawn up by a committee of the Obstetrical Society of London, will be found of great value as a guide to management of infants.

WASHING.—Cleanliness is of the utmost importance to

the health of all children. Healthy infants should have a warm bath night and morning. The body should be cleansed from head to foot, with a sponge or flannel, and then quickly dried with a soft warm towel. After three or four months, the heat of the water should be gradually lowered, but it is not advisable to use quite cold water for very young children.

CLOTHING.—The clothing of infants should be light and soft, and arranged so as not to interfere with the free play of their limbs. All tight bandaging should be avoided.

VENTILATION.—Pure fresh air is of extreme importance to children. The rooms in which they sleep should be as large and airy as possible, and, when not occupied, the windows should be opened freely and frequently.

SLEEP.—Unless the weather be cold, or the child premature and feeble, it is desirable that it should, from an early period, sleep away from the mother or nurse, in a cradle or cot, care being taken that it is warmly covered. For the first few months, a healthy infant will naturally spend the greater part of its time in sleep. Up to three years of age, a midday sleep is beneficial. In sleeping, as in feeding, regularity is of the utmost importance, and the child should be put to bed at stated times. Infants should be put directly into their cot or cradle, after being fed, and not get into the habit of being nursed to sleep in the arms.

AIR AND EXERCISE.—In fine weather, the child should be taken out at least twice a day, care being taken to protect the head from the sun.

SUCKLING.—Nature provides breast milk as the proper food for infants, and suckling is by far the best way of feeding a child.

Provided the mother, or wet nurse, has plenty of milk and is in good health, the child requires, and should have no other food but the breast milk, until about the sixth month. The milk for the first few days acts as a laxative, and no

other aperient is necessary. Should the formation of the milk be delayed, a little cow's milk, diluted with thrice the quantity of warm water and slightly sweetened, may be given until the mother is ready to nurse.

The child for the first six weeks should be put to the breast at regular intervals of two hours during the day; during the night it requires to be fed less often. As the child gets older, it does not require to be fed so frequently.

A child soon learns regular habits as to feeding. It is a great mistake, and bad both for the mother and child, to give the breast whenever the child cries, or to let it be always sucking, particularly at night. This is a common cause of wind, colic, and indigestion.

HOW A NURSING MOTHER, OR WET NURSE, SHOULD BE FED.—A nursing woman ought to live generously and well. She may take a little porter or ale in moderation with her meals. It is a common mistake for wet nurses to live too well, and this often causes deranged digestion in the child.

Should the nursing woman suffer from dizziness, dimness of sight, much palpitation and shortness of breath, or frequent night sweats, it is a sign that suckling disagrees with her, and that she should cease to nurse.

MIXED FEEDING WHEN THE MOTHER HAS NOT ENOUGH OF MILK. — When the mother has not enough milk to nourish her child, other food may be given, especially during the night. This should consist at first of the best milk, with two-thirds of warm water added.

The plan of combining breast-feeding with bottle-feeding is better than bringing up the child by hand alone.

WEANING.—The child should not be weaned suddenly, but by degrees; and, as a rule, it should not be allowed to have the breast after the ninth month. After the child has cut its front teeth, it should have one or two meals a day of *some light food,* such as bread and milk, or nursery bis-

cuits, and these may be gradually increased until the child is weaned.

When the child is about from seven to ten months old, according to its strength, it may have one meal a day of broth or beef-tea, with crumbs of bread soaked in it, or it may have the yolk of an egg lightly boiled.

When it is about a year and a half old, it may have one meal a day of finely-minced meat; but even then, milk should form a large proportion of its diet.

Meat, potatoes, and food such as grown-up people eat, are often given to young infants. This kind of food, and all stimulants are entirely unsuitable, and are common causes of diarrhœa and other troubles.

HAND-FEEDING.—Milk, and milk only, should be used for this purpose. Cow's milk is generally used, but ass' or goat's milk is good. Two thirds pure and fresh milk, with one third the quantity of hot water added to it, the whole being slightly sweetened, should be used at first. A teaspoonful of lime-water may often with great advantage be added to each wine-glassful of the mixed milk and water, if there is flatulence or slight diarrhœa.

The milk should be given from a feeding bottle, which should be emptied and rinsed out after each meal, and the tube and cork and nipple kept in water when not in use. Perfect cleanliness is most important, otherwise the milk may turn sour, and disagree with the child.

The child should be fed regularly just as if it was suckled, and it is a bad habit to give it the bottle merely to keep it quiet. The milk diet only should, as a rule, be given until the child begins to cut its teeth, when other food may be gradually commenced as recommended under the head of "Suckling." Most of the mortality from hand-feeding arises from the use of arrowroot, corn-flour, and other unsuitable kinds of food, given during the earlier months of infancy. They consist almost entirely of starch, and should not be used as substitutes for milk.

CHILDHOOD.

The child having been brought through the period of infancy, and the foundation being laid for a sound physical constitution, the next important subject for attention is its moral and intellectual training. The responsibility of "bringing up a child in the way it should go" rests almost entirely upon the mother. In India, the father is generally so much occupied with his official duties, that he has not the requisite time, even if he had the inclination, to attend to the moral culture of his child. With the mother it is otherwise; she has ample time at command, but in too many instances, the ever ready plea of the enervating effects of a tropical climate, is put forward as an excuse for her neglect or indifference; or she postpones this all-important duty "till a more convenient season;" or she believes her child too young, to understand good precepts; thinking that little or no harm can come to it, during the first few years of its life, and that it is best not to interfere with its natural proclivities. Or she may delude herself with the idea that if her child has contracted any bad habits or tendencies, they will be thoroughly rubbed out by mingling with other European children when sent "home." This is a serious mistake.

Nothing can ever compensate for the want of good moral and intellectual training during the earliest years of life. "A child is governed by the well directed affection and kindness of its parents or guardians, and to wait for the development of its understanding, before we commence its moral training, is to wait till years of unregulated indulgence shall have cultivated and strengthened its more selfish and imperious appetites and passions,—is to wait in short till the mind shall have had time to grow and to ripen and shed its seed, before attempting to extirpate it from the soil which it has usurped."

Surrounded by native servants, and in too many instances,

almost entirely left to their mercy and control, the European child, unless carefully watched by the parents, cannot fail to be contaminated to a serious extent.

Few Hindoo servants will be found to exercise the same power and authority over a young child, as the European nurse. They allow the children to have their way in almost everything; they yield to their whims and fancies, however absurd and wrong they may be; and in the course of time the child becomes self-willed and, accustomed to the servant, ends by attempting the same thing with his parents.

The child becomes strongly attached to these servants, simply because every wish is conceded by them; indeed it is no uncommon thing to find children in India, preferring the society of their native servants to that of their parents. Here lies a danger which must be guarded against by every possible means.

The characteristic feature of child-life, is its imitative propensity. It will do what it is in the constant habit of seeing others do, it will repeat the same language, use the same expressions, and even imitate the same gestures, no matter how gross or improper the one or the other may be, that it is always hearing or seeing. The result of this tendency may be imagined, in cases, where the child's intimate associates during the greater part of the day are native servants only. Few Europeans have any idea of the ordinary habits and customs, or of the nature of the language, commonly used, in their intercourse with each other, by that class of Hindoos from which native servants are taken. Their private morals and their conversation generally, are of a very different character from those of European nurses. They are notoriously untruthful and deceitful, and the European child, if left entirely under their charge, can hardly fail to be so imbued with the same characteristics, that in course of time, his perception of the difference between right and wrong is seriously impaired, if not destroyed.

Exceptions, there no doubt are to this character of servants, but they are so rare, that even with an apparently unquestionable testimonial from a former employer, the parent must not permit herself to be influenced entirely by it. She must judge for herself; she must keep a jealous and ever-watchful eye over her child, spending much of her time in intimate association with it, and taking every opportunity, by example and by precept, to instil into its young mind, those high moral principles, which will enable it to resist the insidious and evil examples and teachings of the native servants. When parents are habitually on their guard, evil influences can be counteracted, and bad habits discovered, before it has become too late to eradicate them; the child may grow up untarnished, and free from those defects and vices, which in some schools in England, are considered necessarily characteristic of Anglo-Indian children.

The hygienic management of children is alluded to in another part of this work. Let me here briefly summarise what is essential to the maintenance of their health.

CLOTHING.—Should be light and loose; thin gauze, flannel, or merino banians, should be worn next the skin during the day, and the head protected from the sun's rays by a puggree over the bonnet or hat. Linen or cotton clothing next the body must not be used. During the night the best dress for children is a simple "overall" made of thin light flannel, to ensure its being kept over the body, to protect the skin from the morning chills and to absorb perspiration. It is always advisable for children to sleep under the punkah during the hotter months.

EXERCISE.—Children should be sent out about sunrise, always giving them if possible a cup of warm milk first; they can have then one hour's exercise, running about before breakfast, or riding on ponies. Let them have as *much out-of-door* exercise as possible, during the morning

and in the afternoon, taking care to protect them from exposure to the sun's rays.

SLEEP.—Up till three years of age, one or two hours' sleep should be indulged in, at least once during the day.

FOOD.—This should be simple, nutritious, and easily digestible. Variety of dishes at any one meal, should be avoided, and as a rule no wine, or beer, or other alcoholic beverage, need be given, unless under medical advice. At nine o'clock the breakfast should consist chiefly of milk and bread. At one p.m., dinner for those upwards of one year old, should chiefly consist of a little roast or boiled mutton, beef, or chicken, with potatoes or bread; some vegetables, as cauliflower or turnip, may also be used, followed by a light milk pudding or custard. For those who are younger, broth of either chicken, beef, or mutton (deprived of fat), and bread. Children are generally particularly fond of curries, which ought never to be made for them either too rich, or too highly seasoned, or too hot. At six or seven p.m., the child should have its last meal, consisting of the same articles as the breakfast. All fruits that are ripe and in good condition may be given in moderation. The plantain is about the safest of all fruits for children, and may be taken once or twice daily.

AGE FOR SENDING CHILDREN TO EUROPE.

As each hot season comes round, the important question of sending their children to England, is sure to present itself to the serious consideration of married Anglo-Indians. Painful as the step is, its expediency is never questioned by those whose means can afford it.

Uninterrupted residence of European children in a tropical climate, from birth upwards, is inimical to health, and antagonistic to the development of a sound, robust constitution. The child commonly grows up delicate, pale and flabby, comparatively feeble in mind and body; often timid and

unstable, and but seldom able to compete on equal terms, either physically or mentally, with those who have been brought up in England, or even with the educated native. There are three obvious causes for this. 1st, The unquestionably enervating, and generally deteriorating effect of constant exposure to a high temperature. 2nd, The unavoidable association with native servants, or with those who have been brought up in constant intercourse with them. 3rd, The want of that training and that system of education, in its widest sense, which an English school or college can give, especially at the age when boys begin to think of their future career, and have a clear perception of the necessity of hard work in order to ensure success.

So far as the mere question of climate is concerned, European children might often with perfect safety, be kept in India till the age of ten or twelve years; and as for elementary education, that is, mere book learning, they might remain in India till the same age, without any disadvantage. But mere book learning does not constitute the only, nor even the most important part of the education of a young child. It is that which he (or she) is always seeing and hearing—whatever impresses its susceptible mind and heart, what is picked up in fact on all sides from every one associated with it, that really makes or mars it for the future. "Education, meaning thereby the formation of character, and not merely intellectual instruction, necessarily commences with the very dawn of life. If this is delayed till the age of six or seven, nature will not remain idle till we are ready to begin. An unsystematic, irrational, and often hurtful education, namely, that arising out of the influences and circumstances, by which every child is surrounded, and which never cease to act for good or for evil, for a single hour of its life, will have taken the precedence, and raised up obstacles which may then *render our best* efforts fruitless, for it is not in school

alone that a child can be educated."* It is but a truism to say, that the disposition and character of the child, are to a large extent, influenced by the disposition and character, of those who are almost always in more or less close association with it.

Parents are anxious to send their children to Europe at an early age, not merely nor even primarily for the sake of a scholastic education, nor even to prevent their constitutions being impaired by the climate; but really, to remove them from the evil influences, inseparable from intimate association with native servants, and to place them at the most susceptible period of their lives, among those home influences, which are unattainable in what we call home in India. If a mother could be constantly with her children, and have them always under her immediate personal care, there would seldom be any necessity for her to send them "home" before the age mentioned. But it is utterly impossible to prevent children from mingling and associating, more or less intimately, with their native servants. Children long for variety in their associates, and finding in their servants, willing companions and ready playmates, they are much thrown together, and cannot fail to be influenced by all that they hear and see.

The best age, then, to remove children from India is between seven and eight years, that is, before the evil influences of native servants have had time to produce an ineradicable impression on the young mind, and before the climate has produced any injurious effect on its constitution.

But it is not all Europeans, who can afford to send their children "home," while there are many who, possessing means enough to do so, cannot make up their minds to part with them at all. The children of many such parents, under good management and care, do grow up with a fair measure of health and strength, and

* Combe.

seem to possess nearly all the requisites for worldly advancement and success. But they sooner or later find out that there is a certain something, however indefinable it may be, the want of which places them at a disadvantage in the battle of life.

The Hill stations offer a convenient compromise or substitute for the change to Europe. They possess every climatic advantage that can be wished, and experience has proved beyond all doubt, that children who have passed the age of teething, do thrive remarkably well, and grow up as robust and as healthy (physically) as they would in England. Did these hill stations possess good schools, they would no doubt be taken advantage of, much more generally than they now are, if for no other reason than for the facilities they afford to parents, of frequently meeting their children, and thus avoiding that painful and distressing estrangement, so commonly experienced, when the latter are sent to England at an early age, and separated for many years from their parents.

On those hill stations, where good schools are established,*

* "The late Ootacamund Grammar School offered the nearest approach to what is wanted; but as the Principal could not fill it with Europeans, he had to take boys who were not Europeans, and the charges mounted up one way and another until they equalled, or passed the sum that would be necessary for the education of a boy at home. The result was that the European element dwindled down, and parents made use of the school as a mere rest-house for their boys until they themselves could take them home. A school conducted by a European Principal, assisted by European assistants, and open to European boys only, of a certain class of society, would, we have no doubt, induce many an Anglo-Indian to defer his return home a year or two; but would such a school pay? At the most the Principal could hardly calculate on having the charge of boys after they had passed their twelfth year; and he could not be sure of having a succession of boys between eight and twelve, sufficient to keep the school open for several years together. And if his charges, as they could hardly fail to do, approximated very closely to the charges customary at the same age in England, the smallest thing would induce parents to send their boys home, in preference to accepting the compromise. *The opening of* the Suez Canal, by reducing the cost of a journey *home, has placed* another serious obstacle in the way of such a school *as we have described.*"—*Madras Mail.*

and the discipline and general management, are such as to prevent intimate association with native servants, no better plan could be adopted, than that of keeping children there till the age of fourteen or fifteen years. It is then, however, that the parent becomes fully alive to the necessity and importance of sending them to England. Girls are not so likely to acquire on the hills those accomplishments, nor that polish, to say nothing of that prestige which the tuition, discipline, general training, and associations of a really good English school can give. Boys again, if destined for the civil, military, or medical service, or indeed for almost any professional career, have at present no alternative, but to proceed to England, for the obvious reason, that it is there only, that they can undergo the required competitive, or other examination; and as nearly all such examinations involve more or less special instruction, the boy is better able to obtain it at recognised schools or colleges in England, than on the hills.

Children, during the period of dentition, do not thrive on the hills so well as afterwards. They are then specially liable to attacks of diarrhœa and dysentery of a most obstinate character, often resisting all treatment, and not unfrequently ending fatally, unless removed in time to the plains.

Ailments of Children.

The pernicious habit, to which too many are addicted, of constantly drugging their children, under the mistaken idea, that for every symptom, however trifling it may be, a medicine must be given, cannot be too strongly condemned; and without hesitation it may be asserted, that the mother or nurse who indulges in it, is utterly unfit for the duties imposed upon her. The human body, and especially that of a child, has within itself a wonderful power to recover from most of the slighter aberrations from health; and the injudicious administration of drugs, not only tends to interfere with this healing virtue of nature, or *vis medicatrix*

naturæ as it is called, but also deranges the system, keeps the child ill, and aggravates the original ailment. A well known writer on the management of children has emphatically expressed his conviction that "a child can encounter few greater dangers, than that of being subjected to the rigorous discipline of a medicine-giving mother or nurse, and whenever a mother of a family is observed to be ready with the use of calomel, cordials, anodynes, and other noxious drugs, the chances are, that one-half of her children will be found to have passed to a better world."

In another part of this work, the symptoms and treatment of some of the more serious diseases that affect children are fully given. I will now give brief instructions regarding the management of some of the more common ailments of infants. But I would again repeat the advice given in the preface, that parents should never rely upon their own judgment, when medical aid is procurable. It is only when it cannot be had at all, or when not available before much valuable time is lost, that the treatment suggested should be adopted.

Flatulence and Griping.—This is most commonly caused by improper food, or irregular feeding. The obvious treatment, in the first instance, is to ascertain where the fault lies, and to act accordingly. If no cause can be discovered in the diet, or if the symptoms continue after modifying it, give to an infant from one week or upwards:—

One to three drops of essence of aniseed in a teaspoonful of water.
Or a teaspoonful of dill or omum water.

Or,

Mix a teaspoonful of sal volatile in a wineglassful of water, and of this, give a teaspoonful for a dose, two or three times a day, if necessary.

A teaspoonful of lime-water to each wineglassful of milk, if the child is being fed by hand, will often prevent *flatulence.*

If the bowels are confined, give a simple purgative (see Constipation) in addition to the above. Relief may also be given, by gentle friction with salad oil over the stomach, or by applying warm fomentations of hot flannel or bran, or even by warm bath. The carminative mixture recommended at pages 70 and 103 will be found convenient for such cases.

Constipation.—Some infants and young children are so habitually costive, that it is often most difficult to get the bowels to act without medicine. For an infant entirely fed at the breast, whose bowels are in this state, the safest drugs are castor oil and calcined magnesia, either alone or combined (in the proportion of a teaspoonful of the first to six to ten grains of the last). One to three drops of essence of aniseed, or a teaspoonful of dill water, may be added if there is flatulence or griping. The partial introduction into the bowel, of a soap suppository, is a simple, safe, and ready method of inducing the bowels to act. Take a piece of common bar soap, about two inches long, and pare it down at one end like a pastille or pencil point, smear it over with salad oil, and gently introduce about a quarter of its length into the bowel, allowing it to remain a few minutes there. The suppository will shortly afterwards be expelled, followed by a free action of the bowels. No other substance than soap should be thus used. Native servants, unless warned and watched, will use for the same purpose, tobacco leaves and other substances, which are certain to do harm. Gentle friction with castor oil round the navel, is often very beneficial. Gregory's Powder, and syrup of senna are also simple and safe purgatives, but the wiser course is to avoid drugs if possible. For those infants, who are not nursed entirely at the breast, a great deal may be done to avoid drugging them, by the judicious management of the food. Oatmeal, or Robinson's patent groats, alone or mixed with the corn-flour and milk, will often save the necessity of any purgative whatever.

Diarrhœa and Dysentery.—The treatment of these ailments has been already described at pages 41 and 52. In addition to the remedies there specified, I would recommend for those obstinate cases of diarrhœa, which seem to resist all treatment, the use of raw meat, minced very fine, given in doses of one teaspoonful two or three times a day, and if the child is very young, the expressed juice of the raw meat may be given instead. For those cases of diarrhœa, occurring in malarious districts, from half to one grain of quinine, will be found most beneficial. There are others again, where the frequency and urgency of the diarrhœa, irritability of stomach, and profuse perspiration threaten to overwhelm the little sufferer in a very short time. All treatment appears to do good at first, but fails afterwards, and the diarrhœa returns with unabated force. In such cases the treatment recommended by Dr. Thomas Chambers is most valuable, namely, by bismuth. The following is the best formula. Take of bismuth half a dram, syrup of poppies one dram, and water two ounces. Mix, and give one teaspoonful every three or four hours, for a child from two to six months old, and double the dose for twelve months.

The Swiss milk is often most valuable in troublesome infantile diarrhœa, and may safely be substituted *for a time* for the cow's milk. It now and then happens that even when every care is taken in preparing the infant's food, the cow's milk, which generally agreed with the child, will all of a sudden act upon it, as if it contained a violent purgative. It is in these cases that the Swiss milk should be tried, and it will generally be found to be retained when all other food was at once rejected.

But it must always be remembered, that in even the most obstinate cases of diarrhœa a judicious modification or a complete change of the ordinary food of the child, will prove more effectual than any amount of drugging. *The wet nurse,* if one is employed, may have to be sub-

stituted for another one, or even for the milk of the ass or the goat.

VACCINATION.

This ought to be done when the infant is between two and three months old, provided it is in good health and free from any eruption on its body. There is seldom any difficulty in having this operation performed, as native vaccinators are appointed by Government all over India; but as these men seldom exercise sufficient care in selecting a healthy child, from which to take the vaccine matter, it is necessary, in the absence of the doctor, that the parent should make the required investigation. The child brought, should have all the appearance of health, and be perfectly free from any eruption. Inquiries into the family history, as far as possible, should be made with especial reference to the present and past state of health of the parents and their other children; and unless perfectly satisfied on all these points, the vaccination had better be delayed till a more healthy child can be produced.

The only precaution to be observed, after the infant has been vaccinated, is to take care that the arm is not rubbed. The usual morning and evening bath may be continued, and the ordinary food and out of door exercise may remain undisturbed. There is no need to give any medicine whatever, even although the infant becomes feverish and restless, as it usually does on the eighth or ninth day; but if the bowels are then constipated, a teaspoonful of castor oil or a little calcined magnesia may be given. If the arm is much inflamed, as it sometimes is, after the seventh day of vaccination, apply a little salad oil or cold cream over the pustules, or a light bread and water poultice.

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